



Swansea University
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**Talent management in the healthcare sector: The Case of
Saudi Arabia**

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the Degree of Doctor of Philosophy**

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DEDICATION

I wish to dedicate this to

My father and mother, my husband (Abdullah) and my daughters (Layan and
Basma)

ABSTRACT

The thesis explores talent management (TM) in the Saudi healthcare sector. The literature on TM has focused mainly on Middle Eastern countries and, more specifically, on Saudi Arabia. Moreover, empirical research on TM has concentrated on the private sector without much exploration of the public sector. Thus, the goal of this thesis is to fill the gaps in the literature by focusing on TM in the Saudi healthcare sector. The thesis addresses the following research questions: To what extent is the effect of the recruitment, selection and retention process on TM in the state healthcare sector in Saudi Arabia?, To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia? and To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia? A qualitative study method was adopted for the research. The empirical focus was on four health institutions under the Ministry of Health (MOH) in Saudi Arabia. Evidence was primarily collected through interviews and archival data in one phase. The sample consisted of a total of 81 respondents from health institutions located in three regions and one suburb. The study yielded some relevant findings. In particular, it was revealed that, in the Saudi healthcare sector, TM programmes have the potential to produce positive effects on both talented employees and overall organisational performance. However, it was a source of discontent for those employees who were not selected for the TM development programmes. The study shows that the TM programme functions as a source of internal migration and contributes to regional and suburban staff distribution imbalances in the Saudi healthcare sector. Also, the study demonstrated that TM programmes have been negatively affected by major constraints, such as a lack of managers who are able to implement TM practices effectively in order to fulfil the MOH's mission and plans, and the shortage of local

medical schools and accredited medical training institutions. These act as impediments in the training of the healthcare professionals and the overall success of TM programmes.

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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PUBLICATIONS RESULTED FROM THIS THESIS

The following publications have been based on this work:

1. Dayel, W. A., Debrah, Y. A., & Mulyata, J. (2019), To explore the effect of talent management developments in saudi healthcare sector, *Paper presented at the 4st International Conference on Oraganisation and Management (ICOM)*, Abu Dhabi, UAE.
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ABBREVIATIONS

CBAHI	Saudi Central Board for Accreditation of Healthcare Institutes
CIPD	Chartered Institute of Personnel and Development
EP	Effort-to-Performance
EU	European Union
GCC	Gulf Cooperation Council
GDP	Gross Domestic Product
GDQA	General Directorate of Quality Assurance
GTM	Global talent management
HC	Human Capital
HR	Human resource
HRM	Human resource management
IC	Intillectual Capital
IHRM	International HRM
IMF	International Monetary Fund
IR	Industrial Relation
ISCO-08	International Standard Classification of Occupation
KSA	Kingdom of Saudi Arabia
MCS	Saudi Ministry of Civil Service
ME	Middle East
MMR	Maternal Mortality Rate
MNCs	Multinational Companies
MOH	Ministry of Health
NHS	National Health Services
NHSC	National Health Services Council
NTP	National Transformation Program
OC	Organisational capital
PM	Personnel Management
PO	Performance-to-Outcome
SA	Saudi Arabia
SC	Social Capital
SCFHS	Saudi Commission for Health Specialties
SDG	Sustainable development Goals
SHRM	Strategic HRM
SMEs	Small and Medium Enterprises

TM	Talent Management
UHC	Universal Health Coverage
UK	United Kingdom
USA	United State of America
WHO	World Health Organisation WB World Bank

CHAPTER 1:

INTRODUCTION

1.1 General introduction

This chapter presents an overview of this PhD thesis, which focuses on exploring talent management developments in the Saudi healthcare sector. This thesis also explores the implementation of the Saudi healthcare sector reform through the Saudi 2030 vision with a specific emphasis on talent identification, recruitment, development, retention and engagement. Finally, this thesis also examined both management and employee's perspectives of talent management developments in the Saudi healthcare sector.

1.2 An Overview of Talent Management

This section explores the terms 'talent' and 'talent management', which are the main terms that this thesis focuses on. This section explores the definition of the term talent and is followed by a description of the concept of TM.

Although McKinsey & Company are credited with coining the term 'War for Talent' in the late 1990s (Michaels, Handfield-Jones, & Beth, 2001), the concept of talent is not new. According to *The Compact Oxford English Dictionary*, 'talent' is a 'natural aptitude or skill' and 'people possessing such aptitude and skill'; therefore, talent can apply equally to specific skills and to the individuals who possess them (Beardwell & Claydon, 2010). According to Schiemann (2014), a definition of who would be regarded as 'talent' in the organisation is important in order to manage those talents over their life cycle. Organisations that clearly define their talent will be able to build their core competitive force (talented human capital [HC]) that is capable of facilitating the

achievement of organisational targets (Turner, 2017). In this context, talent definition will be pivotal to the enterprises' success (Cascio & Boudreau, 2016, p. 103; Martin, 2015; Yi et al., 2015). Such clarity for talent definition would also help to move away from monolithic workforce management to a more strategic and differentiated emphasis on employees with the greatest capacity to enhance competitive advantages (McDonnell et al., 2016). Lewis and Heckman (2006, p. 139) also added that it would provide the foundation for an organisation-wide approach to talent or one based on developing key groups of employees. Finally, it would give coherence to TM, which in turn, would lead to the development of systems and processes aligned to the achievement of the organisation's unique objectives (Turner, 2018, p. 42). As a result, talent definition should be tailored to each individual organisation to 'understand the specific talent profile that is right for it' (Michaels et al., 2001, p. xiii). However, Powell et al. (2013) concluded that there was a lack of clarity in terms of talent, and there is no single or concise definition. In this sense, talent definitions of human resource management (HRM) are considered the next popular effort for managing an organisation's human elements, and talent competencies should be valued and viewed as the next critical competency for the human resource (HR) function.

The literature has also shown that there is no clear, shared definition of TM (Collings & Mellahi, 2009). According to Silzer and Dowell (2010a, p. 18), TM is 'an integrated set of processes, programs and cultural norms in an organisation designed and implemented to attract, develop, deploy and retain talent to achieve strategic objectives and meet future business needs'. The Chartered Institute of Personnel Development (CIPD, 2006, P. 1) also provided a definition for the term TM as 'The systematic attraction, identification, development, engagement, retention and deployment of those individuals with high potential who are of particular value to an organisation'.

Despite the many different definitions of TM, Lewis and Heckman (2006) identified three streams of TM. The first stream defined TM as a collection of human resource practices, for example, recruitment, selection, development and career and succession planning management (Heinan & O'Neill, 2004; Hilton, 2000; Mercer, 2005). However, this stream has been criticised for relying on traditional HRM practices, without producing much new thinking (Zhang & Bright, 2012, p. 149). The second perspective on TM focuses primarily on the concept of the talent pool. The goal is to have a steady flow of employees of high calibre in jobs throughout the organisation. To some, TM is a set of practices to ensure a smooth continuity of talented employees into roles throughout the organisation (Kesler, 2002). In this regard, Zhang and Bright (2012, p. 149) stated that 'TM focuses on staffing needs and managing the progress of employees through positions'. However, this stream has also been criticised by academics who claim that it tends to define TM by simply emphasising much of the work done in succession and workforce planning that is often quite close to what is typically known as 'succession planning' or 'human resource planning' (Jackson & Schuler, 1990; Lewis & Heckman, 2006). Beaver and Hutchings (2004) expressed a similar view that traditional human resource planning, which attempts to ensure a match between the demand and supply of labour from the internal and/or external labour markets, helps the organisation to estimate the critical resources required and incorporates succession planning and employees' personal career pathing. Therefore, the second perspective of TM, concentrating on talent pools and succession, to some extent, has the same problems as the first strain of the understanding of TM, and therefore seems to provide no obvious additional meanings. In contrast, in an attempt to clarify the importance of the talent pool, Chuai et al. (2008) stated that succession planning has also become a proactive management of the corporation's talent pool; it is no longer appropriate to focus on a small pool of talented employees from the upper ranks. It is perceived that such a transformation in succession

planning will have a significant effect, creating a demand for such a practice to respond to the business planning process. Chuai (2008) also observed that succession planning has gone beyond the reactive replacement of existing employees to proactively enabling the deployment of an organisation's talent on demand, as needed, now and in the future. The third stream of TM focuses on talent generically. Based on this stream, some scholars have introduced a definition of talent as 'high performance and potential; talent individuals are resources to be managed primarily based on their performance level. High performers are recruited, selected and differentially rewarded regardless of their specific needs' (Zhang & Bright, 2012, p. 150). Following this identification of the three perspectives, Collings and Mellahi (2009) factored in a fourth approach, where first, the positions with the potential to affect the organisation's competitive advantage differentially are identified (Boudreau & Ramstad, 2005; Huselid et al., 2005), and then, talented people are recruited to fill them.

TM has emerged in recent years as a key strategic issue (Scullion, Collings, & Caligiuri, 2010). In fact, some academics, such as Vladescu (2012), think there is a strong link between TM and strategic HRM (SHRM), where TM is considered an integral part of all aspects of SHRM. However, Kock and Burke (2008) stated that the key difference is that TM represents a more focused and segmented approach to managing people in strategic roles in the organisation. Therefore, TM works consistently with organisations' strategies; however, it focuses mainly on talented human elements as a vital component to achieving the overall objectives (Scullion et al., 2011). In line with this view, many studies have shown that TM focusses on segmentation. For instance, Ledford and Kochanski (2004) confirmed that 'segmentation is the division of workforce into parts that are treated differently, and it is further noted that successful organisations tended to have a segmented approach to TM while HRM focuses on all employees' (p. 217). Based on these views, some scholars, such as Gallardo-Gallardo (2013), have shown that the main criticism of

TM is that it is difficult to distinguish between TM and SHRM. This claim comes from the idea that, if TM is an inclusive approach that refers to the whole workforce, managing talent ‘simply’ implies proper employee management and the development of the organisation’s complete workforce, which is not especially helpful in specifying how TM is different from SHRM (Garrow & Hirsh, 2008). Therefore, TM contributes to bridging the gap in SHRM, which is also considered a proactive approach, and attaining long-term goals; however, SHRM focusses on all employees and not only ‘A players’.

1.3 Research Problem

The review of the literature revealed that the amount of research that has gone into TM research can be categorised into four areas: USA, Canada and Europe (Cappelli & Keller, 2014; Dries, 2013; Krishnan & Scullion, 2017; McCracken et al., 2016; McGettingan & O’Neill, 2009; Oladapo, 2014; Thunnissen, 2015; Thunnissen et al., 2013; Tung, 2015); Asia (Cook, 2011; Hartmann et al., 2010; Iles et al., 2010); Africa (Amankwah-Amoah & Debrah, 2011; Debrah & Ofori, 2006; Kehinde, 2012; Lyria, 2013; Mulyata, 2016; Oseghale, 2016); and the ME (Abunar, 2014; AlFeraih, 2015; Ali, 2011; Sidani & AL Ariss, 2014; Singh et al., 2012).

The extant literature reveals that there is a scarcity of research on TM in the public sector, particularly concerning developing countries, and more particularly Saudi Arabia (Al Fraih, 2015; Al Haidari, 2015;). Therefore, a gap has been identified, which provides the opportunity to conduct more research into TM in the ME. This research will attempt to fill this gap by contributing to the huge body of knowledge by exploring the effect of TM developments in the Saudi healthcare sector. To explore TM in Saudi public hospitals, this study used a qualitative method to examine the employee (doctors, nurses and managers, both senior and middle managers) perspectives of TM development practices.

1.4 Research objective

This research aims to achieve the following objectives:

1. To identify the methods Saudi health sector management employs in implementing TM practices in the public health sector.
2. To determine the extent to which management in state healthcare in Saudi Arabia attempts to train and develop talented individuals who demonstrate potential skills and abilities in an attempt to increase capacity and maximise their contribution to organisational performance.
3. To explore management and employees perspectives on the extent to which TM practices contribute to the quality of state healthcare delivery in Saudi Arabia.

1.5 Research questions

The study attempts to explore the following questions:

1. To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?
2. To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?
3. To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?

In order to answer the research questions, this study explored the literature on the evolution of HRM and TM developments in both the global and regional contexts. Then, the study focused on the resource-based and expectancy theories in order to determine and consider the factors influencing TM developments in organisations. The methods used to capture and meet both management and employees perspectives were explored. Finally, the factors that influence intra-migration within the Saudi state hospitals, high concentration of high potential/high performers in urban areas were also explored.

1.6 Research methodology

This study is part of a larger project aimed at exploring the effect of TM development in the healthcare sector in Saudi Arabia. The overall study examines the employee (doctors, nurses and managers, both senior and middle managers) perspectives of TM development practices to determine its effect on high performer and organisational performance. Respondents are drawn from the state healthcare sector, specifically third-level, second-level and first-level hospitals in Saudi Arabia.

A qualitative study method has been adopted so far. Secondary data was collected using the internet, hospital and MOH reports and other documents, and articles using the MOH website. A semi-structured questionnaire guide was used to conduct interviews with professional hospital managers and MOH senior managers and/or policy makers. A total of 81 healthcare professionals were interviewed in the mentioned categories. Thematic analysis was employed to analyse the data because it has the ability to comprehend often large disparate amounts of qualitative data and integrate related data drawn from different transcripts and notes.

1.7 Justification for the choice of the Public healthcare Industry

According to Turner (2018), the increased demand for health services, the inequalities in the balance between supply and demand of talented professionals around the world, the geographic mobility of health professionals, and the shortages of talent in the labour market of health sector professions are the key reasons that have made TM a priority in the healthcare sector. TM is one of the critical challenges for health firms worldwide in a dynamic and volatile market environment (Meyers & van Woerkom, 2014, p. 192), which requires a serious response that is both quantitative (enough health professionals) and qualitative (with the right level of skills) (Turner, 2018). Furthermore, the quality of the health outputs of talent in the health sector, whether clinical or managerial, places an intense emphasis on individual talent (Turner, 2018). Finally, the levels of training and

continuing development programmes and sustaining professional competence are also reasons behind the important role of TM in the healthcare sector (dos Santos et al., 2012; Wilson et al., 2014).

Based on the fact that there can be no health service without a health workforce, TM has become embedded in the delivery of healthcare that is heavily dependent on the professional health workers' talent (Turner, 2018). In the global health community, there is further recognition of the importance of talent and TM for their strategic as well as operational potential, leading some to focus on a transition from short-term solutions to longer-term system building (Zhao et al., 2013, p. 799). In this context, effective TM can lead to an organisational competitive advantage and high performance (Srinivasan & Chandwani, 2014; Taylor et al., 2015). Similarly, Turner (2018) argued that the challenge of an organisation is HC and that this is even more dynamic in the twenty-first century.

Seen from this perspective, the Saudi state healthcare sector is a fertile area for research because it can provide empirical evidence to fill the gap that exists, and this study has therefore explored the effect of TM developments in the state healthcare sector. This study examined TM in the state healthcare systems with a specific focus on employee identification, development, recruitment, retention and engagement. As mentioned earlier, very few studies have been conducted looking at TM in the state healthcare sector in the ME countries and, more specifically, in Saudi Arabia. This, therefore, provides an opportunity for this research to add to the existing body of knowledge on TM and inform policymakers, researchers and human resource practitioners alike in the planning and development of TM.

1.8 Outline of the Thesis

This section presents the outline of the structure of this thesis. It is divided into six chapters. Chapter one focuses on the introduction of this thesis, provides an overview of

and background for this thesis, and further explains the underlying motivation for undertaking research on the effect of TM developments in the Saudi healthcare sector. Furthermore, this chapter explains the research questions and methodologies used to accomplish the entire research study.

Chapter two focuses on theoretical background of the thesis. . This review of the literature is centred on TM in the healthcare system in general and the effect of TM in the Saudi healthcare sector. Chapter three presents a brief historical overview of the Saudi health sector. The chapter pays particular attention to the issues of the Saudi state healthcare sector's background and its reform challenges. Furthermore, the chapter presents a new strategy for state healthcare services to achieve Saudi Vison 2030's goals for the healthcare sector.

Chapter four deals with the methodology adopted for the thesis. The chapter puts forward the rationale for choosing the research method. The chapter goes on to explain the data collection and analysis methods and ends with a discussion of the ethical considerations. Chapter five presents empirical evidence from the study. This features the study of the Saudi healthcare sector. The study takes a management and employee perspective with a view to exploring TM developments in the Saudi healthcare sector. This chapter is concerned with the findings, analysis and discussion of data from the study. This chapter also presented the challenges of TM in the healthcare sector in each health institution individually.

The final chapter draws together the concluding remarks. This chapter also considers the contribution to the theory and literature in international HRM and to TM in the Saudi healthcare sector. This chapter also contributes the policies and practices of TM in Saudi Arabia. It provides the limitations of the research, makes suggestions for future research directions and then offers some concluding remarks.

CHAPTER 2:

THEORETICAL BACKGROUND

2.1 Introduction

The focus of this chapter is on HRM developments in recent decades when many trends summarised above affected economies, societies, and labour markets for long periods. The end of the 1970s and the early 1980s marked the beginning of HRM developments prompted by major changes in government policies and institutions shaping the labour market in many advanced economies. This chapter will also shed light on trends affecting advanced working economies by means of major changes in the trends shaping work, in which tremendous deindustrialisation and the rise of knowledge-based services took place. In the late 1990s, when a group of McKinsey consultants coined the term ‘the war for talent,’ the focus of TM was on differentiated performance based on competencies and knowledge. Therefore, TM emerged due to the need for higher competence in human resources and championed better jobs and working environments for the benefit of talented individuals as well as for businesses, economies, and society. The emerging need for a knowledge-based human element demanded that HRM in this phase set up a different approach to developing its practices to face the challenges of talent scarcity facing businesses and governments. TM focusses on meeting skills requirements by building a workforce with higher levels of knowledge and competence. Thus, this chapter will present both practitioner and academic debates that highlight the HR profession’s major role in adaptation and adoption of TM practices that help shape the future.

Further, the chapter provides a framework within which to explore the effect of TM developments in the Saudi healthcare sector by examining previous literature regarding

TM globally and in the ME. It is divided into six main sections. The first section reviews the historical background of the evolution of HRM over the years with its deep roots first in the USA and then in the UK before moving to the rest of the world. The second section focusses on a conceptual analysis of TM by presenting the definitions of talent and TM and the TM approach. The third section deals with TM globally by reviewing key TM practices (talent recruitment, development, identification, retention, and engagement). In addition, the section examines global TM challenges. The fourth section deals with key regional TM practices and challenges in the ME. The fifth section pinpoints the research area for this study by focussing on gaps in the published research in the literature. Extant literature reveals a scarcity of research on TM in the public sector, particularly concerning Middle Eastern countries, and more specifically Saudi Arabia. Therefore, a gap has been identified that opens an opportunity for this research to make a contribution to the study of TM in the ME. The last part presents the theory used as the lens to analyse this study's findings in an attempt to answer the research questions.

2.2 The historical background of human resource management

Over the past four decades, the management of employment relationships has undergone radical changes in some developed countries, such as the United States and the United Kingdom (Legge, 2005, p. 101). Maund (2001, p. 6) stated that the historical background of people management started with the Industrial Revolution; it then evolved in tandem with major occurrences to the present. Over this period, many factors related to managing people have undergone major changes in both the United States (Beer et al., 1985; Fombrum et al., 1984; Foukes, 1986) and the United Kingdom (Guest, 1987; Hendry & Pettigrew, 1986; Miller, 1987; Storey, 1987; Torrington & Hall, 1987). Thus, from the 1980s, personnel management increasingly gave way to HRM (Legge, 2005, p. 102).

Various environmental forces, such as international competition and globalisation, exerted pressure on organisations to find a better fit between management policies and business strategies (Legge, 2005). In this vein, Schuler (2000, p. 244) declared, ‘Organizationally, human resource management has gone from being concerned only with the operational issues of personnel to include more strategic, business level concerns of the organization itself,’ while Lepak and Snell (1999) stated, ‘For about the past decade or so, the mantra of HR has been “be a strategic business partner”’ (p. 31). Research has shown the influence of the private sector on HRM policies and practices (Boyne et al., 1999; Murray & Dimick, 1978). After initiating privatisation programmes in developed countries, from roughly the late 1960s and early 1970s, public sector managers were encouraged (e.g., in the UK) to emulate the workplace practices and policies of the private sector (Legge, 1995).

2.2.1 Personnel management

Its early history reflected a ‘personal,’ ‘caring,’ or welfare approach. In the nineteenth century, the concept of personnel management emerged from the work of social reformers such as Lord Shaftesbury and Robert Owen, who sought, through legislation on hours and conditions, to ameliorate the lot of factory workers (Legge, 1995). They criticised the exploitation of workers by factory owners enabled by the free enterprise system. As a result, the first personnel managers were assigned the task of ameliorating working conditions. In the early twentieth century, some corporations began to take critical steps by employing female social care workers in their factories (e.g., the Quaker family firms of Cadbury and Rowntree), with the aim of implementing efficient plans for dealing with unemployment issues, sick pay, medical provision, and housing (Legge, 1995, p. 10; Torrington et al., 2008, p. 12). As mentioned above, supporting employee

welfare was also good for business and morale, ensuring that employee welfare was appropriately considered.

The wheels of development continued towards different organisational goals and moved away from the focus on welfare. Based on Taylor's scientific management principles, objectives and tasks were established for individuals, and therefore, industrial rewards were offered for the implementation of each task. This resulted in individuals' improved performance and productivity. Maund (2001) argued that the scientific management approach is not a precursor to enhanced productivity in its entirety and that scientific management was used as a form of punishment for individuals in the case of reduced productivity. In the change-over phase, scientific management began to consider new duties in the areas of staffing, training, and organisational design. According to Torrington et al. (2008, p. 12), this approach was influenced by the works of Taylor (1856–1915) and Henri Fayol (1841–1925), who focussed on the organisational structure and labour deployment that resulted in maximising efficiency.

In 1919, personnel management (PM) was dealt with broadly due to its dependence on two essential perspectives. First, it assumes that individuals have the right to be treated like human beings while performing their work. Second, it maintains that meeting individuals' job-related personal needs will only increase their effectiveness as employees. Legge (2005, p. 53) posited that scientific management and administrative management must demonstrate 'a growing concern with notions of rationality and efficiency while adhering to human relations of a rational model of management and a continuing tradition of concern for the welfare and development of individuals at work.' Post-World War II activities witnessed the emergence of the recognition of trade unions and a full commitment to the workers (Legge, 2005). The role of PM became fundamental to recruitment and selection, in addition to the unions' power to negotiate for wages. The

1970s and 1980s were characterised by the presence of PM specialists as experts in the field of industrial relations (IR) (Legge, 1988, as cited in Legge, 2005, p. 55). However, Blyton and Turnbull (2004, p. 11) argued that 'there is a distinction placed between PM and industrial relations and that was [that] the former dealt with individual aspects of employment relations and the latter focussed on the collective aspect.'

2.2.2 Industrial relations (IR)

IR emerged at the end of the 1910s and replaced PM. Locke et al. (1995, p. xiii) stated, 'Industrial relations emerged as a distinct field of study and a locus of public policy in the aftermath of the Great Depression and the Second World War. Its focus was upon the organization of workers through trade unions.'

After three years of investigation, a commission of inquiry reported that, in American industry, industrial feudalism was the rule rather than the exception, and political freedom could only exist where there was industrial freedom (Kaufman, 2004). The final report also illustrated that trade unions were essential for sound employer–employee relations, since 'there can be at best only a benevolent despotism where collective action on the part of employees does not exist' (Kaufman, 2004, p. 85).

In the United Kingdom, the major shift in industrial relations in the 1970s concerned the location and role of collective bargaining when it was transferred from the industry to the firm level. In 1968, the Royal Commission on Employers' Organisations and Trade Unions, chaired by Lord Donovan, asserted that industrial relations in the United Kingdom had been destabilised by the existence of 'parallel systems' of joint negotiations. Therefore, the commission's recommendation was to decentralise joint regulation (Donovan, 1968). Furthermore, the Labour government elected in 1974 also had an influence by which its pay policy and legislation on employees' collective workplace rights further stimulated decentralised bargaining (Brown & Batstone, 1981;

Taylor, 1993). Thus, IR sought better management by means of more comprehensive and/or tougher public policy interventions by the government (Beardwell, 1996, p. 3).

Blyton and Turnbull (2004) illustrated that the point of contact of IR remained the collective aspects of relations between the administration and the workforce, not just in terms of dispute resolution and work monitoring, but also the workers' interests and rewards for their efforts. Since 1945, pluralist industrial relations have been established between employers and employees in the United Kingdom, free from substantive legislative interference by the state. Clark (2004) described pluralism as sociopolitical in its construction because, in public policy, it was geared towards collective bargaining, trade union recognition, and state absenteeism with the least contrary use of the law. However, pluralistic IR became an obsession that worried the government, as trade unions derived their strength as a collective agent on behalf of the employees by ensuring that the union and voluntary collective bargaining continued to form an essential element to be addressed at regular intervals.

It has also been argued that an essential element in policy reform is to remove market rigidities that were amalgamated into HRM (e.g., elements of the public sector, trade unions, and inflexible collective agreements) that constituted measures beyond contracts of employment (Clark, 2004). Beardwell (1996) commented that Thatcherism attacked the contextual basis of the post-war state and encouraged economic and social self-reliance; it was observed that the Conservative Thatcher–Major government strengthened non-engagement with post-war pluralism.

In 1991, the government privatised major nationalised industries, such as gas, airlines and airports, electricity, and water. This was followed by the privatisation of other sectors, such as coal and railways. Despite the explicit instructions to simulate the private sector in how its operations were implemented, it was not possible to allocate

decentralisation at the local level (Kessler & Bayliss, 1992, p. 62). The individual's specific interests were also emphasised. On the issues of closing shops, picketing, and balloting before a strike, the main object was to give way to broader individual preferences on whether to belong to a trade union, cross a picket line, or join a strike, even when the majority voted in favour of it (Kessler & Bayliss, 1992, p. 60). By 1994, all hospitals had become independent in terms of wages and employment. These changes are considered a symbol of the transfer of power from unions to managers, which encouraged direct communication with staff; this played a major role in implementing the initiatives that were successfully launched and the market cessation of IR as a preoccupation of top managers (Kessler & Bayliss, 1992, p. 131).

In sum, HRM developed with the industrial revolution and originated in the United States (Maund, 2001). Moreover, some events have indicated that capitalist labour has gone beyond industry control; for example, violence has sometimes occurred, including the bombing of the Los Angeles Times building. IR has emerged in response to the desire to create a relationship between the employee and employer. Employees suffering from long working hours and poor health have become the main areas of concern and discussion (Kaufman, 2004).

There were constant calls from welfare capitalists for an organisation instead of a third-party institution such as the state or trade unions. In the United Kingdom, privatisation and trade union policies played an important role in introducing new labour practices, and they served as a catalyst for rearranging their collective bargaining (Hendry & Pettigrew, 1990). Storey (1995, p. 110) described the relationship of PM and IR with HRM as pluralism and HRM as unitarism. In 1980, the importance of IR, which was considered a fundamental characteristic of economic performance and policy, declined and paved the way for HRM to appear (Guest, as cited in Storey, 1995, p. 110).

2.2.3 From IR to HRM

Having discussed IR above, this section will focus on the development of the concept of HRM. It has been argued that, due to the hiring practices of capitalist employers, the 1930s in the United States were characterised by opposition from employers to the representation of trade unions and collective labour relations (Foulkes, 1980). The capitalists engaged in social welfare demanded the establishment of an organisation rather than a state or trade union as a third party. To implement this, welfare capitalist employers provided pension plans, layoff pay, and higher wages (Legge, 1995). All these developments led to what is known as HRM today. Wren (1994) described the evolution of management thought, stating that 'Edward Wight Bakke appears to be the first individual to refer to the notion of a human resources function in an enterprise' (p. 376). Emphasis on the 'human resources' concept as an organisational asset goes back to Drucker (1954), who identified a need for clear goal-setting and creative leadership to spur greater commitment and creative employee contributions. Some scholars, such as McGregor (1960), called for the need to see people management as an integral part of the management of the organisation as a whole.

Purcell (1993) pointed out that the main incentive for adopting HRM is its significant concentration of power in the hands of management. In the United Kingdom, heavy competition in the product market increased economic pressure in the business climate (Legge, 1995). This contributed to the UK government's desire to transform the traditional model of industrial relations into employment policies on management's part (Beardwell, 1996). In this regard, Guest (1989a) clarified that the driving force behind HRM resulted from pressure to maintain a competitive advantage in the marketplace by offering high-quality products and services, competitive pricing linked to high productivity, and the capability to speedily innovate and manage change in response to changes in the

marketplace or breakthroughs in research and development. Based on the importance of HC, companies then introduced new labour practices and rearranged their negotiations in line with privatisation policies and anti-union legislation (Hendry & Pettigrew, 1990, p. 19). This led to the decline of old industries and the relative rise of the service sector and new IR based on high-technology services and products; ultimately, this led to the disappearance of the 'old industrial relations,' according to Beardwell and Claydon (2010, p. 7). They also defined HRM as 'a collection of policies used to organise work in the employment relationship that centres on the management of work and the management of people who undertake this work. Therefore, HRM is concerned with recruitment, selection, learning and development, reward, communication, teamwork, and performance management' (p. 4). In contrast, Storey (2007) argued that HRM was a response to new levels and standards of competition that eroded confidence and trust in traditional formulae. However, the main criticism of IR was the lack of guarantee of workers' rights. In this vein, Storey also pointed out that HRM depends on the idea that human resources, among other aspects of production, really make the difference, through human capability and commitment that distinguishes a successful organization from the rest. What has been mentioned above clearly indicates that the success of accredited organisations relies on attention to HR—giving employees their due managerial time and attention is not regarded as an incidental cost (Storey, 2007, p. 9). Storey (1995) also defined HRM as 'a distinctive approach to employment management which seeks to achieve a competitive advantage through the strategic deployment of a highly committed and capable workforce using an array of cultural, structural, and personnel techniques' (p. 5). Thus, the rapid change in the business market, the rise of competition, and technological development in the product industry led to organising work and guaranteeing workers' rights.

In the early 1980s, American academics regarded HRM as a new way of thinking in managing employees in the workplace (Beer, 1984; Fombrun et al., 1984). American academics prompted two major schools of thought—‘hard’ and ‘soft’ HRM (Guest, 1987). According to Fombrun et al. (1984), the hard aspect, associated with the Michigan School, emphasised rational planning and was closely related to market-based response procedures in which it was considered ‘business-focused’ (Storey, 2007). It also highlighted strategic business objectives and dealt with ‘human resources’ like any other production factor, without attributing it central status in achieving a competitive advantage. Legge (1989, p. 19) defined hard HRM as a process of emphasising ‘the close integration of HR policies with business strategy which regards employees as a resource to be managed in the same rational way as any other resource being exploited for maximum return.’ Thus, hard HRM focusses on the importance of ‘strategic fit’ in which HR policies and practices are closely linked to the organisation’s strategy. The proponents of the hard approach to HRM considered that an organisation’s employees are a resource to be employed, distributed, and used in the production process as financial resources and materials. Likewise, Maund (2001, p. 5) commented that managers who take this position ‘pay little attention to the needs of their employees and emphasise the statistical and quantitative side of the business.’ In this regard, Maund (p. 6) pointed out that ‘individuals are human beings who contribute to the organisation.’ He further noted that organisations strive to maintain their workforce to gain competitive advantage through implementing strategies that focus on employee commitment, such as rewards packages, and focus on the specific aspect of the work environment. Similarly, it has been argued that the hard HRM approach focusses on the crucial importance of the close integration of HR policies, activities, and systems into business strategy; such HR systems are used mainly to drive the strategic objectives of the

organisation (Fombrun et al., 1984). Therefore, HRM is considered the primary source of competitive advantage that contributes to the achievement of the organisation's goals.

The second dimension of HRM is the soft approach, associated with the Harvard School (Beer, 1985; Walton & Lawrence, 1985). The soft approach is when organisations deal with employees as a source of competitive advantage through their abilities and the high quality of their skills and performance (Beer & Spector, 1985). In this approach, it is maintained that 'employees are the greatest assets,' and thus, the key to organisational success is employee skills and creativity (Legge, 1995). Beer and Spector (1985) explained their view that employees are proactive inputs because they are capable of 'development through 'participation and informed choice.' Similarly, Storey (2007) pointed out that this approach highlights the proactive approach to building and sustaining capability and commitment.

Since the early 1980s, HRM practices have moved from the private to the public sector. The economic pressure on the public sector led to a rise in demand for efficiency and better quality in providing services and programmes with the workforce in the public sector, which motivates the public sector to emulate the private sector. Osborne and Gaebler (1992) pointed out that managers in the public sector were encouraged to abandon their bureaucratic traditions and become more 'enterprising' and 'entrepreneurial.' HRM especially has been recognised as critical for improving performance in public service, representing the focus, in the context of reforms, on enhancing overall performance in public services (Kock & Burke, 2008). For most businesses operating in the private sector, the overriding long-term objective is the achievement of competitive advantage. For some, however, ensuring survival is a more pressing objective. According to Armstrong (2014), in the public sector, notions of competition and sustainability are increasingly present as well; however, he stressed that organisational effectiveness in the public sector is primarily

defined in terms of meeting a service need as cost-effectively as possible and to the greatest obtainable standard of quality. Meeting government set targets is central to the operation of many public sector organisations, as is the requirement of ensuring that users' expectations are met as much as possible (Armstrong & Taylor, 2014). In recent years, employers have needed to be more attractive to workers. No longer can they simply assume that employees will stay with them, as there are more options in the labour market in terms of where and when they can work. Thus, if employees are unhappy in their work, they will see more opportunities outside the organisation. Organisations have been forced to meet this challenge by enhancing their ability to compete with others in the labour market (Torrington et al., 2007). In this regard, Guest (1987) claimed that employees are treated as valued assets, a source of competitive advantage through their commitment.

Based on the hard and soft models, Legge (1989, p. 40) defined hard HRM as a process of emphasising 'the close integration of human resource policies with a business strategy that regards employees as a resource to be managed in the same rational way as any other resource being exploited for maximum return.' In contrast to the soft model, hard HRM focusses on the importance of 'strategic fit,' and HR policies and practices are closely linked to the organisation's strategy. The key to this is managing the fit between the business and the HR strategy (Miles & Snow, 1984); the empirical challenge is then to demonstrate that those who achieve this strategic fit will also achieve superior performance (Huselid, 1995). To summarise, while the term HRM has gradually replaced IR, the adjective 'strategic' has been increasingly attached to it to sustain competitive advantages (Sparrow & Marchington, 1998, p. 28).

2.2.4 Strategic Human Resource (SHRM)

In recent decades, the role of HRM in organisations has evolved. Academics and managers in the United States who have reviewed the HR literature (Beer, 1985; Tichy et al., 1982; Walton & Lawrence, 1985), as well as UK scholars (Armstrong, 1987; Fowler, 1987) and academics (Guest, 1987; Hendry & Pettigrew, 1986; Storey, 1987), have indicated that HR evolved from PM to IR and then moved on from IR to HRM. While the term HRM has gradually replaced 'personnel management,' the word 'strategic' has been increasingly added, as academics' and practitioners' interest in the concept of strategy has grown (Sparrow & Marchington, 1998, p. 28). An extensive body of literature has been published to describe and highlight the integration of corporate strategies and people management. On that issue, Fombrun et al. (1984) pointed out that people management issues should be strategic. Thereafter, a series of other theoretical contributions to the SHRM concept emerged. Thus, the eventual birth of SHRM represented the evolution of PM, IR, and HRM into a coordinated and strategic approach to the management of an organisation's people (Nankervis et al., 2013). Many scholars agree that the term 'strategic human resource management' is the next stage of HRM (Boxall, 1994; Schuler, 1992; Schuler et al., 1993; Truss & Gratton, 1994).

Previous studies have suggested that HR involvement in strategic decision-making is patchy and mostly concerned with implementation rather than strategy formulation. In Europe, it has been claimed that the HR function has a low influence relative to other major functions (Brewster & Hegewish, 1994; Farndale, 2005). Moreover, in the United States, there has been wide criticism that most organisations pursue a short-term orientation (Beer et al., 1985, p. 101). However, the acceleration of changes in the business environment and globalisation have led to a more strategic role for HRM (Harvey & Novicevic, 2001; Scullion & Starkey, 2000). According to Tichy et al. (1984), HRM has

two facets—strategic and operational. The main difference between them is that long-term HRM functions are strategic while the operation of HRM is short-term. Further, Boxall (1994) clarified that the HRM function is a more reactive and administrative approach, but SHRM is the next stage of HRM by being proactive. The proactive nature of the SRHM function plays a critical role in the success of companies, as it enables them to predict risks and opportunities (Schuler, 1992).

According to Cascio (2015, p. 423), SHRM is defined as ‘the choice, alignment, and integration of an organization’s HRM system so that its HC resources most effectively contribute to strategic business objectives.’ Along the same line, Hendry and Pettigrew (1986) provided one of the most helpful descriptions of SHRM, suggesting that ‘strategic’ HRM has four meanings, as follows:

- 1) The use of planning
- 2) A coherent approach to the design and management of personnel systems based on an employment policy and manpower strategy, often underpinned by a ‘philosophy’
- 3) Matching HRM activities and policies to an explicit business strategy
- 4) Seeing the people of the organisation as ‘strategic resources’ for achieving ‘competitive advantage.’

Thus, SHRM is concerned with how the integration or ‘fit’ between HR and business strategies is achieved. The aim of this fit is to align a firm’s HR practices with its strategy (Armstrong & Baron, 2002). Researchers have increasingly recognised the importance of integration between business strategy and HRM (Brewster & Larsen, 1992; Schuler et al., 1993; Storey, 1992). Brewster and Larsen (1992, pp. 411–412) stated that

integration is 'the degree to which HRM issues are considered part of the formulation of the business strategy.'

To a large extent, the SHRM philosophy is underpinned by resource-based theory. This states that it is the range of resources in an organisation, including its human resources, that produces its unique character and creates a competitive advantage. Barney (1995) pointed out that:

Creating sustained competitive advantage depends on the unique resources and capabilities that a firm brings to competition in its environment. To discover these resources and capabilities, managers must look inside their firm for valuable, rare and costly-to-imitate resources, and then exploit these resources through their organization. (p. 60)

Moreover, Grant (1991) pointed out:

The resources and capabilities of a firm are the central considerations in formulating its strategy; they are the primary constants upon which a firm can establish its identity and frame its strategy, and they are the primary sources of the firm's profitability. (p. 13)

These studies illustrate the importance of human capital as one of the main sources of an organization's competitive advantage. When focussing on American organisations, researchers have argued that both public and private sectors face the same HC challenges (Pynes, 2008). In an attempt to address these challenges, organisations work on acquiring HC based on knowledge and thereby successfully engage in strategic HC planning. In line with this view, Ulrich (1998) commented, 'Knowledge has become a direct competitive advantage for companies selling ideas and relationships. The challenge to organisations is to ensure that they have the capability to find, assimilate, compensate, and retain the talented individuals they need' (p. 126). Pynes (2008) added that organisations have

realised that to be able to adapt to rapid changes effectively, there is a serious need for SHRM to 'fit' the organisation's strategies with HRM practices towards the HR. Therefore, for organisations to be competitive, they must be able to anticipate and manage people, which will affect their ability to make profits (Pynes, 2008). Therefore, TM has emerged as the next core competency in the SHRM domain.

2.2.5 From SHRM to TM

In 1998, the TM topic emerged as a significant concept when a group of McKinsey consultants coined the phrase 'the war for talent' (Michaels et al., 2001). The need for talented HC created a new direction from SHRM towards TM with the specific aim of confronting the constantly changing competitive environment, which requires talented employees who are able to deal with challenges. Thereafter, there was growing recognition among both academics and practitioners that the success of a business depends most importantly on instilling a new talent mindset in the organisation (Black et al., 2013; Collings et al., 2007; Scullion & Starkey, 2000). By focussing on organisational performance, organisations that practise TM often find that it has an effect on performance, resulting in the generation of significant financial profits (Vladescu, 2012). Today's organisations acknowledge the urgent need for talented people who are able to apply strategies effectively and thus achieve organisational goals (Scullion et al., 2011).

TM has emerged in recent years as a key strategic issue (Scullion et al., 2010). In fact, academics such as Vladescu (2012) think there is a strong link between TM and SHRM, in which TM is considered an integral part of all aspects of SHRM. However, Kock and Burke (2008) stated that the key difference is that TM represents a more focussed and segmented approach to managing people in strategic roles in the organisation. Therefore, TM works consistently with organisations' strategies, but focusses mainly on talented human elements as indispensable in achieving the overall objectives (Scullion et al., 2011).

In line with this view, many studies have shown that TM focusses on segmentation. For instance, Ledford and Kochanski (2004) confirmed that 'segmentation is the division of workforce into parts that are treated differently, and it is further noted that successful organisations tended to have a segmented approach to TM while HRM focusses on all employees' (p. 217). Based on these views, some scholars, such as Gallardo-Gallardo (2013), have shown that the main criticism of TM is that it is difficult to distinguish between TM and SHRM. This claim comes from the idea that, if TM is an inclusive approach that refers to the whole workforce, managing talent 'simply' implies proper employee management and the development of the organisation's complete workforce, which is not especially helpful in specifying how TM differs from SHRM (Garrow & Hirsh, 2008). Therefore, TM contributes to bridging the gap in SHRM, which is considered a proactive approach, and attaining long-term goals; however, SHRM focusses on all employees and not just the 'A-team players.'

In fact, TM can be identified as a collection of typical HR processes, such as recruitment, selection, development, training, and retention (Iles et al., 2010; Silzer & Dowell, 2010). However, Lewis and Heckman (2006) added that TM refers to completing these processes faster and/or better. In that sense, some authors clarified that TM helps an organisation fill key positions more quickly, and the employees filling these positions will be able to complete projects faster and with higher quality results (Somaya & Williamson, 2011). In this way, TM will help SHRM implement its long-term strategies better and faster. Accordingly, Armstrong (2014) clarified that the purpose of TM is to establish a 'talent pool' to fill key roles at the right time before vacancies arise, and therein lies the difference between TM and SHRM.

While the war for talent has become one of the main issues confronting many organisations, there has been a focus on retaining, recruiting, and identifying talented

employees who are capable of achieving organisational outcomes. To do so, firms must secure and manage highly qualified HC (Michaels et al., 2011). TM is characterised by focussing on having the right people at the right time with the right skills in the right place (Dyer & Ericksen, 2007). To face this new reality, a move driven by organisations seeking to raise profitability through TM appeared. In this context, Tansley et al. (2006, p. 1) argued that the constant shortage of skills in the labour market created the 'war for talent.' Thus, organisations seek to improve their practices, policies, and strategies to retain, recruit, and develop talent successfully. Consequently, their primary goal is to 'understand the skills and capabilities needed in their organisation and determine the actual or potential talents required of employees' (p. 1). Likewise, Chabault et al. (2012, p. 328) argued that organisations paid great attention to the notion of TM due to globalisation and increased competition in the market. Today, organisations are faced with the challenges of maintaining a competitive advantage, which has inevitably led to the demand for individuals who can 'make a difference.'

TM has become a priority for many organisations; US companies in the private sector were first to pay attention to the talented. However, the issue is no less important in the public sector. Burke et al. (2013) argued that the public sector must pay attention to hiring talented people due to the unprecedented challenges it faces in terms of the pressures of cost reduction and rationalisation, as well as the steady increase in demand for services. In addition, concerns related to a 'quiet crisis' are likely if government organisations fail to compete with the private sector in hiring and retaining high-quality talent (Lewis & Frank, 2002, p. 395).

In the evolution of ideas in the field of investigation, it is natural for confusion and differences of opinion to emerge concerning concepts as researchers begin to work out common, verifiable ideas (Scullion et al., 2011). Despite the growing attention on talent,

however, generally accepted definitions of talent and TM are lacking. This may be due to the existence of different definitions in both academic and practitioners' communities, making it difficult to define 'talent,' as each study has examined the concept in a different organisational context and from a different perspective. Gallardo-Gallardo et al. (2013) claimed that the reason for this is that different people have varying opinions of what talent is; talent can mean anything an HR practitioner wants it to mean. For the purposes of this study, definitions of talent and TM are considered important. Therefore, the next section focusses on clearly defining talent and TM.

2.3 The definition of Talent

The word 'talent' has gone through many different definitions throughout the ages. Between the thirteenth and seventeenth centuries, critical changes occurred in the understanding of the term. In the thirteenth century, the word was related to a person's inclination or disposition. By the fifteenth century, talent had become associated with mental abilities, natural abilities, wealth and treasure. By the seventeenth century, the word had become associated with special natural abilities, such as mental power or abilities (Gallardo-Gallardo et al., 2013; Tansley, 2011, p. 267). This refers to the natural qualities inherent in a person's character or the feeling that makes a person act in a certain way (Gallardo-Gallardo et al., 2013).

Although McKinsey & Company are credited with coining the term 'War for Talent' in the late 1990s (Michaels et al., 2001), the concept of talent is not new. According to *The Compact Oxford English Dictionary*, 'talent' is a 'natural aptitude or skill' and 'people possessing such aptitude and skill'; therefore, talent can apply equally to specific skills and to the individuals who possess them (Beardwell & Claydon, 2010).

In the workplace, talent has been defined as a person who can make an immediate or long-term contribution to organisational performance (CIPD, 2006). According to Ulrich (2011), talent can mean whatever an organisation wants it to mean. In other words, it appears that there are difficulties in identifying a standardised definition of talent because each organisation has its own conceptualisation of talent. According to Schiemann (2014), a definition of who would be regarded as 'talent' in the organisation is important to manage those talents over the time they work in the organisation. Organisations that clearly define their talent will be able to build their core competitive force (talented HC) that is capable of facilitating the achievement of organisational targets (Turner, 2017). In this context, talent definition will be pivotal to enterprise success (Cascio & Boudreau, 2016, p. 103; Ingram & Glod, 2016, p. 339; Martin 2015; Yi et al., 2015). Such clarity for talent definition would also help to move away from 'monolithic workforce management to a more strategic and differentiated emphasis on employees with the greatest capacity to enhance competitive advantage' (McDonnell et al., 2016, p. 5). As a result, talent definition should be tailored to each individual organisation to 'understand the specific talent profile that's right for it' (Michaels et al., 2001, p. xiii).

Beardwell and Claydon (2010, p. 162) noted that talent can be used in a collective way to refer to all employees, as they 'all possess individual skills and abilities', or 'more exclusively to those who can demonstrate higher performance or potential'. In addition, Michaels et al. (2001, p. xii) contended that, from the perspective of management positions, talent can be conceptualised as:

'A code for most effective leaders and managers and all levels who can help a company fulfil its aspirations and drive its performance. Managerial talent is some combination of a sharp strategic mind, leadership ability, emotional maturity,

communications skills, the ability to attract and inspire other talented people, entrepreneurial instincts, functional skills and the ability to deliver results.'

(Michaels et al., 2001: xii).

Therefore, it is possible to use various specific characteristics to identify talent at the individual, group and organisational levels. From an organisation's point of view, the definition of talent is also concerned with the identification of key positions that, when occupied, will critically contribute to the competitive advantage and achieving organisational goals (CIPD, 2006a).

Talent definition for organisations is also focused on performance. Thus, Vladescu (2012, p. 353) commented that talent is one aspect of human capabilities that affects organisational performance. According to the CIPD (2006), talent 'consists of those individuals who can make a difference to organizational performance, either through their immediate contribution or in the longer term by demonstrating the highest level of potential'. This view is supported by Smart (2005), who claimed that not everyone in an organisation can be referred to as a talented employee because those who are talented are distinguished from the less talented through their current and past performance, potential and competence.

At a health unit level, Turner (2018, p. 56) defined talent in the health sector as 'those people whose professional expertise delivers positive patient or societal outcomes and whose operational competence and performance create stakeholder value for the organisation'.

In this sense, talent definitions of HRM are considered the next popular effort for managing an organisation's human elements, and talent competencies should be valued and viewed as the next critical competency for the HR function. Yet, citing various studies

of talent and TM in health, Powell et al. (2013) concluded that there was a lack of clarity, a degree of debate and no single or concise definition.

As this thesis is about TM in the healthcare sector, this thesis will adopt Turner's talent definition. Turner (2018, p. 56) defined talent in the health sector as 'those people whose professional expertise delivers positive patient or societal outcomes and whose operational competence and performance create stakeholder value for the organisation'.

2.3.1 The definition of talent management

In the past decade, research has suggested that interest in TM has increased considerably (Farndale et al., 2010; Scullion et al., 2010). However, the concept of TM is openly criticised as lacking adequate definition and theoretical development (Collings & Mellahi, 2009; Lewis & Heckman, 2006; Scullion et al., 2010). However, some literature reveals researchers' attempts to offer their understandings of TM, such as the following:

'Talent management is the use of an integrated set of activities to ensure that the organization attracts, retains, motivates and develops the talented people it needs now and in the future. The aim is to secure the talent, bearing in mind that talent is a major corporate resource.' (Armstrong, 2006, p. 390)

'Talent Management is the systematic attraction, identification, development, engagement, retention, and deployment of those individuals with high potential who are of particular value to the organization.' (CIPD, 2006:3)

In addition, CIPD (2006, p. 3) defined TM as 'the systematic attraction, identification, development, engagement, retention and deployment of those individuals with high potential who are of particular value to the organisation'.

Throughout the history of the HR profession, its world has witnessed the development of several concepts; in recent years, there has been a significant focus on the concept of TM in the HR function. TM is projected to be the next core competency in HR domain expertise.

Definitions from academic research tend to fall within one of Lewis and Heckman's three streams of thought. Firstly, talent management as a 'collection of typical human resource department practices, functions, activities or specialist areas such as recruiting, selection, development, and career and succession management' (Lewis and Heckman 2006: 140). However, this stream has been criticised for relying on traditional HRM practices, without producing much new thinking (Zhang & Bright, 2012, p. 149). The second concerned the creation and development of talent pools; in the third, 'organizations are encouraged to manage performance pools of talent generally rather than succession pools for specific jobs' (Lewis and Heckman 2006: 141). Following this identification of the three streams, Collings and Mellahi (2009) factored in a fourth approach, which mainly focuses on the identification of key positions which significantly contribute to competitive advantage, the development of talent pools to fill such roles, and a human resources architecture geared to filling these positions, a definition which emphasised so-called 'pivotal' positions.

In supranational organisations such as the WHO, there has been a strong focus on TM in its broadest sense, which covers many different types and levels of health professionals. This perspective is focused on three main pillars of the WHO TM strategies, which are as follows: 1) attracting talent, 2) retaining talent and 3) an enabling a working environment. In this global context, TM takes on a pluralistic hue, which might be defined as 'attracting the right people to carry out its work and to implement its global strategy in a timely and successful manner to achieve organisational objectives' (WHO, 2013, p. 2).

The table below demonstrates talent management definitions.

Table 2. 1: Definition of Talent Management

No	Definition of Talent Management	Source
1.	Talent management includes all talent processes needed to optimise people within an organisation: performance management; succession planning/decision-making analytics targeted selection/talent reviews; development planning and support career development; workforce planning and recruiting.	Farley, 2005.
2.	Conceptualise talent management as the explicit differentiation of employees based on the capacity and potential of employees to influence organisational performance.	Collings and Mellahi, 2009.
3.	TM emerges as a distinct strategic business activity because it calls for a greater focus on employees and positions that have the greatest differential impact on business strategy.	McDonnell, 2011.
4.	Simply a matter of anticipating the need for human talent and then setting out a plan to meet it.	Cappelli, 2008.
5.	An attempt to ensure that everyone at all levels works to the top of their potential.	Redford, 2005.
6.	Talent management is an integrated set of processes, programs and cultural norms in an organization designed and implemented to attract, develop, deploy and retain talent to achieve strategic objectives and meet future business needs.	Silzer and Dowell, 2010a:18.
7.	Is the process through which employers anticipate and meet the needs for human capital.	Cappelli, 2008.
8.	The systematic attraction, identification, development, engagement, retention and deployment of those individuals with high potential who are of particular value to an organisation	CIPD, 2006.
9.	talent management is the alignment and integration within the organisational strategy, the development of which has been identified as a necessary requirement in a changing health environment.	Porter and Lee, 2015.
10.	Talent management involves the identification, development, appraisal, deployment and retention of high performing and high potential employees.	Collings and Scullion, 2007.
11.	Broadly defined as simply responding to strategic or environmental demands with high quality HR practices that produce business results.	Lewis and Heckman, 2006.

12.	Talent management in the health sector refers to the attraction, recruitment, management, development and retention of those whose professional expertise or operational competence contributes to a positive patient or societal outcomes and the creation of stakeholder value.	Turner, 2018.
13.	Talent management is the differential management of employees based on their, relative potential to contribute to their competitive advantage of their organisations.	Lepak and Snell, 1999.
14.	Talent management refers to those practices which potentially influence the acquisition, management, development and retention of knowledge workers and that are key to strategic success of the organisation.	Doh et al., 2011.
15.	Talent management is implementation of integrated strategies or system designed to increase workplace productivity by developing improved processes for attracting, developing, retaining and utilising people with the required skills and aptitude to meet current and future business needs.	Kahinde, 2012.
16.	A set of processes designed to ensure an adequate flow of employees into jobs throughout the organisation.	Kesler, 2002.
17.	Talent management can be defined as the additional management process and opportunities that are made available to people in the organisation who are considered to be talented.	Blass, 2007
18.	talent management is the development of Leadership and Whole Workforce in the healthcare sector.	Turner, 2018
19.	The recruitment, development, promotion and retention of people, planned and executed in line with your organisation's current and future business goals.	Wellins <i>et al.</i> , 2006.

Source: Compiled by the Author

The extant literature demonstrates that there is no universal definition of TM, however, for the purpose of this thesis, the TM will be defined as:

'Talent management in the health sector refers to the attraction, recruitment, management, development and retention of those whose professional expertise or operational competence contributes to a positive patient or societal outcomes and the creation of stakeholder value.'

(Turner, 2018: 56)

2.4 Talent Management Approaches

The concept of talent has progressively become the focus of great attention amongst academics and scholars in HR studies (Gallardo-Gallardo et al., 2013; Tansley, 2011). TM as a business concept has two approaches to differentiate the workforce, which can be divided into an exclusive or an inclusive approach (Gallardo-Gallardo et al., 2013; Iles et al., 2010; Silzer & Dowell, 2010). Gallardo-Gallardo et al. (2013) drew attention to two dimensions of the subject approach, namely the inclusive approach (all employees) and exclusive approach (a specific group). According to the inclusive approach, every employee has specific strengths, and thus, can potentially create added value for the organisation (Buckingham & Vosburgh, 2001). Acknowledging the importance of context, Buckingham and Vosburgh (2001, p. 22) pointed out:

'An inclusive definition of talent is typically found in strength-based approaches to talent management, which is 'the art of recognizing where each employee's areas of natural talent lie, and figuring out how to help each employee develop the job-specific skills and knowledge to turn those talents into real performance.'

2.4.1 The Exclusive Approach to TM

The exclusive approach relies on the notion of workforce differentiation (Becker et al., 2009). This approach asserts that TM should be focused, rather than including every employee in the organisation (McDonnell & Collings, 2011). Ulrich (2008), who emphasised the exclusive approach, linked 'talent' to a mix of three elements: competence, commitment and contribution. In line with this view, some scholars have suggested that the best strategy to be implemented to deal with this approach is identifying valuable employees and implementing a commitment-based HR configuration to attain organisational goals (Lepak & Snell 1999). Huselid et al. (2009) captured this approach by describing 'talent' as 'A' players to indicate those employees who perform at the highest level of performance. However, for the McKinsey consultants, employees'

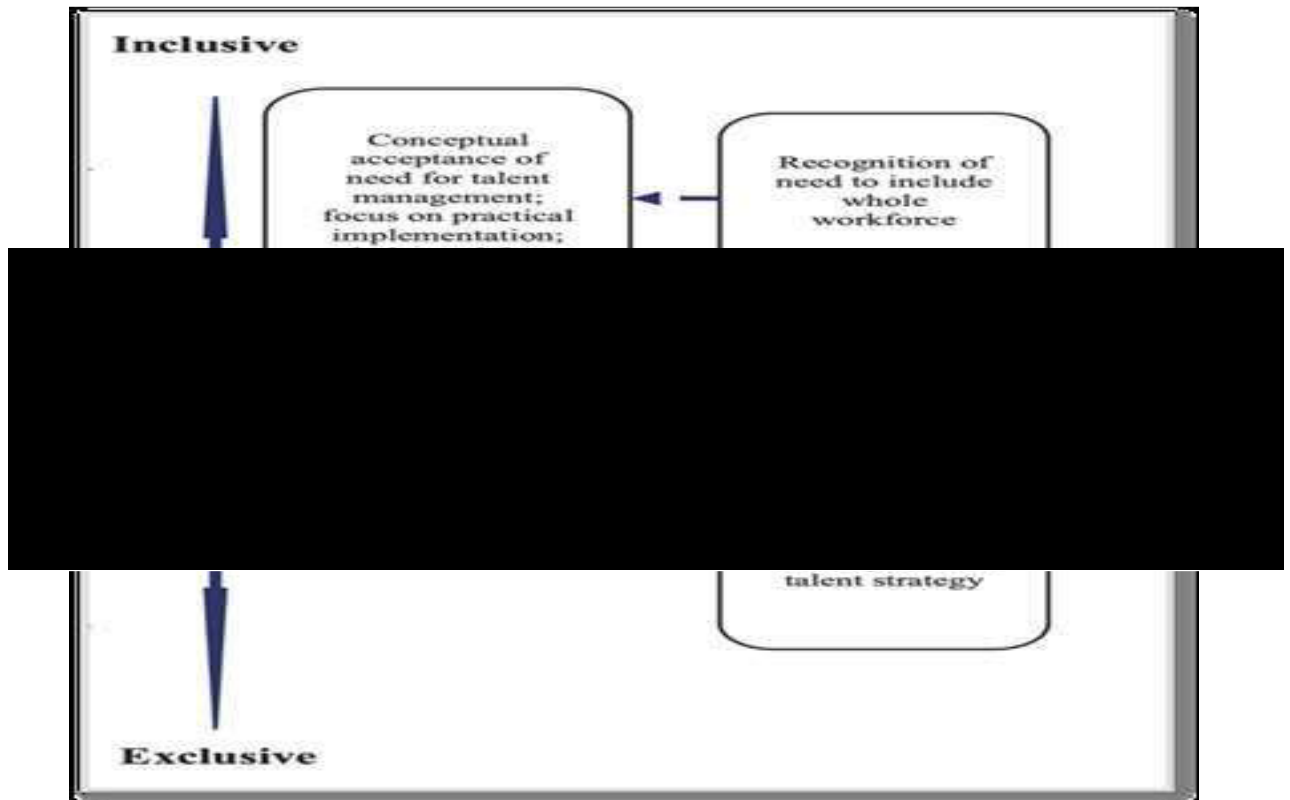
differentiation is related to their individual performance. The controversial idea of segmentation is based on the idea of dividing employees in the organisation into three categories, namely A (top 10–20%), B (middle 70%) and C (lowest 10–20%) players (Larocco & Walker, 2002; Ledford & Kochanski, 2004). The key focus of this approach is that all roles in the organisation should be filled with 'A performers', referred to as 'top grading' (Smart, 1999), and it emphasises that 'C players', or consistently poor performers, have to be removed from the organisation (Michaels et al., 2001). This exclusive perspective is mainly based on the notion of workforce segmentation. According to Huselid et al. (2005), the talent-defining process is closely coupled with the identification process of 'key positions' in the organisation. In this case, the starting point is identifying strategically critical jobs and then filling these positions with A players.

2.4.2 The Inclusive Approach to TM

In contrast to the first approach, the 'inclusive' approach adopts the idea that all the employees in the organisation are the talent, and hence, all of them should be viewed as a source of competitive advantage. Buckingham and Vosburgh (2001) supported this approach, claiming that 'The talent is inherent in each person...HR's most basic challenge is to help one person increase his or her performance; to be successful in the future we must restore our focus on the unique talents of each individual employee, and on the right way to transform these talents into lasting performance' (pp. 17–18). However, some practitioners claim that the inclusive 'whole workforce' approach to TM remains comparatively rare in practice (Clake & Winkler, 2006). There is also a view opposing this approach, where Ledford and Kochanski (2004) have emphasised that segmentation is a fundamental factor in managing talent and maximising organisations' ability to meet challenges.

Although these two approaches exist, it has been argued that the exclusive view of the definition of talent, relating to a few people in key, pivotal or critical positions, was inadequate in encompassing the wide range of workforce scenarios that were being experienced. Huselid et al., (2005) argued that developing all people will cause a high cost for organisations who will implement an inclusive approach. The subject of talent definition, therefore, came under greater scrutiny. Recognition that TM was a strategic issue (Cappelli 2008; Cascio & Boudreau 2016; Collings & Mellahi 2009) and that there were talent shortages at many levels in the health sector prompted reflection on the approach to talent. Consistent with this, Turner (2018) refined a further definition of talent, as an inclusive approach, in respect to those employees who were deemed to have high potential regardless of their positions in the organisation and at what level, whether top management, high potentials or experts in rare specialities. Ulrich and Smallwood's (2011) research refined the approach and proposed a model that identified talent segments to facilitate the efficient allocation of resources across the organisation. The segments included executives, for whom individual learning experiences could be developed, which would include executive coaching, and a leadership cadre, defined as the next generation of executives and managers whose development would include a focus on shaping the future. In addition, engaging the existing talent in the workforce, in other words, all employees with high potentials who would likely benefit from a talent culture in which opportunities to develop, would then become prevalent. In this analysis, organisations in the early stage of development of TM strategies thus follow an exclusive approach. However, after recognition of the need to include the whole workforce, the organisation will move towards inclusivity (Turner, 2018). See Figure 2.1.

Figure 2. 1: The evolution of talent management definitions in the health sector



Source: Turner (2018)

2.5 Global Talent Management

Most organisations today are facing a global, complex, dynamic, highly competitive, and extremely volatile environment. Besides these external conditions, most organisations are also facing several global challenges, including those related to talent flow, the management of two generations of employees, and a shortage of workers with the required skills. One result of these challenges is that organisations have to be global and systematic in managing their HC to gain and sustain a competitive advantage in the years ahead (Tarique & Schuler, 2010). Consequently, many HR practitioners and consultants are now showing greater interest in the new area referred to as 'global talent management' (GTM). Despite a decade of debate around the importance of TM for success in global business, most literature in this field is widely criticised for lacking an adequate definition of talent and TM, particularly in the global context (Bryan et al., 2006; Scullion & Collings, 2011).

In the developed world, empirical research has begun to shed more light on the topic of GTM (Farndale et al., 2010; Sparrow et al., 2004). In the UK, for example, the CIPD (2009) report highlighted the importance of TM in UK organisations and noted that about 36% of the organisations performed some TM activities, specifically talent development, as the most common TM practices. Despite the growing importance of TM, some studies have criticised the lack of consensus on the concept of TM (Powell et al., 2012).

Up until 2008, organisations around the world confronted the issue of an acute shortage of talented employees, which posed a global threat to business continuity. Schuler et al. (2011) explained that, at that time, the demand for talent far surpassed the supply, and in particular, developing countries suffered from this problem more than developed countries. Schuler also noted that the increased investment orientation of companies from developed countries towards developing countries to reduce the costs of operations and then recruit competent employees from those countries exacerbated the problem in developing countries. Thus, talent shortages were a primary concern for many firms. Primarily, the 'war for talent' was driven by an economic shift from an industrial to a knowledge-based age (Somaya & Williamson, 2011). Today, the knowledge and relationships possessed by employees have become key to organisational performance, unlike in the past, when organisations relied on their profit from hard assets, such as machinery and land. In this regard, Somaya and Williamson (2011) stated that 'unlike tangible assets, employees are not owned by firms, and are free to move between organizations and take their knowledge and relationships with them' (p. 74). Therefore, 'talent' became a keyword in global business.

According to McDonnell and Collings (2011), GTM became a hot topic among practitioners and academics alike. They noted that the reason for the expanding importance of GTM among scholars and practitioners is that 'the great financial crisis of the early

twenty-first century placed increased pressure on MNEs to more successfully leverage their global talent base while balancing labour costs' (p. 56). Ready and Conger (2007) also pointed out that organisations are still experiencing problems with the shortage of talent to fill pivotal positions, which is an obstacle to the implementation of global growth strategies. For a better understanding of GTM, Scullion et al. (2010) provided a more comprehensive definition:

Global talent management includes all organisational activities for the purpose of attracting, selecting, developing, and retaining the best employees in the most strategic roles (those roles necessary to achieve organisational strategic priorities) on a global scale. GTM takes into account the differences in both organisations' global strategic priorities as well as the differences across national contexts for how talent should be managed in the countries where they operate. (p. 105)

Numerous studies have focussed on the identification of key positions as the point of departure for TM systems. In fact, Mellahi and Collings (2010), as cited in Minbaeva and Collings (2013), stated that:

GTM involves: (1) the systematic identification of key positions that differentially contribute to an organization's sustainable competitive advantage on a global scale; (2) the development of a talent pool of high-potential, high-performing incumbents to fill those roles that reflect the global scope of the MNC; and (3) the development of a differentiated human resource architecture to facilitate the filling of these positions with the best available incumbents and to ensure their continued commitment to the organization. (p. 17)

2.6 Talent management challenges in organisations

The McKinsey study was a turning point in how organisations today think about employees, when the Old Reality (people needing companies) was replaced by the New

Reality (companies needing people) (Molyata, 2016). Sparrow et al. (2004) noted that competition for talent among employers has shifted from the country level to the regional and global levels. In essence, GTM is carried out in the context of a dynamic environment, which creates many factors that shape the specific challenges and in which the responses of particular firms are then the major drivers. This section discusses the many factors that shape the specific challenges and approaches of some organisations, such as (a) globalisation, (b) changing demographics, and (c) the high demand for talent.

From the globalisation perspective, GTM is influenced by the increasing mobility of employees across geographical and cultural boundaries (Tung, 2007). Globalisation and lower barriers to immigration have given rise to a major challenge for TM, due to the impact of ‘brain drain’ on talent flow (Carr et al., 2005).

Demographic trends have also emerged in recent years as a factor having a significant influence on the nature of the TM challenges facing organisations (Scullion & Collings, 2011). Taylor and Napier (2005) pointed out that declining birth rates and increasing longevity are the key demographic trends driving a rapid shift in the age distribution of the general population as well as its impact on the availability of workers. Europe and Japan are now facing the most dramatic shifts in population profiles and old age dependency ratios because the baby boom generation is ageing (Beechler & Woodward, 2009). Research has investigated the rapid shifts in the demographic profiles of many countries. Stahl et al. (2007) found that many European countries face rapidly ageing populations and changing demographics. For example, countries such as the US, Germany, Italy, and Japan will experience a significant decline in the number of workers aged 35–44 years over the next decade. Furthermore, the one-child policy in China resulted in more boys than girls, thus altering the balance of men to women, which caused a problem of uneven gender balance (Scullion & Collings, 2011). These trends affect such

issues as the types of employees that will be available to employers, and as the labour supply declines in some countries, firms may have to change their recruitment strategies (see also Tarique & Schuler, 2010). Likewise, trends continue to demonstrate that developed countries' populations are projected to remain relatively stable and, in some cases, even shrink, while those of developing economies are expanding and getting younger (Strack et al., 2008). For example, research has shown that, by 2025, the number of people aged 15–64 is projected to fall by 7% in Germany, 9% in Italy, and 14% in Japan (*The Economist*, 2006a; Wooldridge, 2007).

High demand for workers with the necessary competencies and motivation has emerged as a TM challenge for organisations. In this regard, most executives in developed countries are aware that a major demographic shift is about to transform their societies and their companies. Strack et al. (2008) stated that 'in many developed countries, there is a mismatch between labour supply and demand' (p. 121). For example, it has been noted that in the US, more than a third of the workforce is over 50 years old, and that is expected to grow by more than 25% by 2020 (Strack et al., 2008). Anderson and Hussey (2000) also noted that the ageing population in developed countries is an important demographic factor influencing the employment of talent. Passaris (1998) pointed out that the low birth rate is considered one of the biggest worries of developed nations in their quest to keep a stronger flow of HC, which explains why the competition for talent has exacerbated externally.

2. 7 Emergence of talent management in the healthcare sector in the UK

Since 1948, the policy makers in the NHS found that there needed to be a formal process for hiring and training the administrative staff and giving more emphasis to formal workforce planning, and then they gradually turned to TM (Blass, 2007; Ford, 2010;

Gander, 2008). It has been observed that, since 2004, as key TM strategies in the NHS, there has been effective training for the leaders (McFarlane, 2010). As a result of the remarkable developments in the approach to healthcare delivery of the NHS as a British public sector, the year 2004 witnessed high health outcomes. In fact, research by McKinsey & Co, based on an assessment in 2008 of 126 NHS units across the UK, suggested that there is a significantly improved operational effectiveness, performance management and TM associated with a number of success criteria, including lower infection rates, lower readmission rates, more satisfied patients, more productive staff and better financial margins (Castro et al., 2008). This underscores the importance of changes in the approach of the NHS since 2004, where a qualified TM team has been established to identify high potential people to have a disproportionately positive impact on organisational performance (McFarlane, 2012, p. 448). In respect to this, it is clear that the issue of TM in the public sector, specifically in the healthcare sector, is not a new issue, but an old one, and has proved effective in developed countries such as the UK. Moreover, Grint (2000) considered the introduction of TM in the NHS as a transportation of public sector service towards a private sector management approach. In the past two decades, the public sector has witnessed a remarkable transformation by encouraging managers to emulate the private sector by applying experiences that proved successful in the private sector. In an attempt to implement this vision, traditional methods and bureaucratic procedures in the public sector have been replaced by modern methods that have proved successful in the private sector (Rhodes & Devine, 2003). Accordingly, during the 1980s and 1990s, the HR department experienced significant expansion and increased interest from public sector decision-makers (MacFarlane, 2012). Thus, there has been further recognition of the importance of talent and TM 'including all the human and organizational elements that are pivotal to enterprise success' (Cascio & Boudreau 2016,

p. 103) in the global health community for their strategic as well as operational potential, leading some health institutions to focus on a transition from short-term solutions to longer-term system building (Zhao et al., 2013, p. 799). In this context, it has been argued that effective TM can lead to competitive advantage and high performance (Srinivasan & Chandwani, 2014; Taylor et al., 2015).

One of the prominent features of reform efforts in the NHS was higher hospital productivity. New research conducted jointly by McKinsey and the London School of Economics and Political Science (LSE) indicated that there is 'a link between key management practices, on the one hand, and better healthcare and higher hospital productivity, on the other.' (Castro et al., 2008, p. 1). Furthermore, this study, which was based on an assessment of 126 NHS and other hospitals across the UK, strongly suggests that 'improved operational effectiveness, performance management, and TM are associated with lower rates of infection in hospitals, lower readmission rates, more satisfied patients and more productive staffs, and better financial margins' (Castro et al., 2008, p. 1). However, in respect to the UK government health sector, it has been noted that it is still struggling to reach the appropriate TM system (Castro et al. 2008).

2.8 Talent Practices

TM involves a variety of practices, including recruitment, identification, development, and retention. It primarily emphasises organisational objectives. In general, TM aims to fulfil the quantitative and qualitative needs for HC and, therefore, to contribute to overall firm performance, in terms of profit, competitive advantage, and sustainability (Beechler & Woodward, 2009; Cappelli, 2008).

This research depends on the definition of TM put forward by Turner (2018) that 'talent management in the health sector refers to the attraction, recruitment, management,

development, and retention of those whose professional expertise or operational competence contributes to positive patient or societal outcomes and the creation of stakeholder value' (p. 56). This includes four components or key areas: talent attraction/recruitment, identification, development, and retention/engagement. To thoroughly examine this definition, this section reviews the literature related to these four key areas of TM.

2.8.1 Talent identification

At the core of TM is the assumption that talent must be found, segmented, and placed in key positions (Boudreau & Ramstad, 2005). Talent identification can be perceived as one of the crucial practices in TM; however, organisations still struggle to generate their talent pools and, ultimately, fill strategic roles. A study conducted by Stahl (2012) revealed that most companies pursuing a talent pool strategy, in which talented employees in the pool are treated more favourably than the rest of the staff in terms of training and retaining them, achieved growth in their organisational performance. According to Fernando's (2008) definition of talent identification, two critical areas have been identified: 1) the position and 2) the roles. McDonnell (2011, p. 4) argued that, in the wake of identifying the roles that have the greatest effect on the business strategy, organisations need to identify the right people to fill them.

Stemming from the considerations outlined above, some scholars have suggested that TM is primarily concerned with employees who add value to the organisation. Those employees who are identified by their organisation as talent are those who possess the potential to have a significant influence on organisational success (McDonnell & Collings, 2011). McDonnell and Collings (2011) added that TM should focus on specific individuals rather than including every employee in the organisation. Huselid et al. (2005) also suggested that, rather than focussing solely on inputs, TM requires a change in mindset to

focus on potential outputs. Profitability is one of the most important outputs that organisations seek to achieve. Thus, many researchers and practitioners support the importance of identifying A performers, and they focus on their retention and development (Axelrod et al., 2001; Frank & Taylor, 2004; Michaels et al., 2001). Furthermore, some researchers in the TM field support the view that it is critical to identify key positions (Boudreau & Ramstad, 2005). Huselid et al. (2005) referred to these positions as A positions—those that have a positive effect on sustaining a competitive advantage.

Talent identification is one of the most important managerial preoccupations of this decade (Iles et al., 2010; Stahl et al., 2012; Ulrich & Allen, 2014). Thus, public sectors are confronted with intensifying competition for talent, and some public organisations also suffer from a chronic shortage of talented employees (Glenn, 2012; Macfarlane et al., 2012). However, many academics and practitioners have discussed the scarcity of academic attention on specific TM issues in the public sector, including how they identify talent and how successful they are in their battle to recruit it (Gallardo-Gallardo & Thunnissen, 2016; Gallardo-Gallardo et al., 2017; Thunnissen et al., 2013). Some also claim that most TM literature focusses on TM in the private sector, MNCs, and companies in the US context (Gallardo-Gallardo & Thunnissen, 2016; Powell et al., 2012; Vaiman & Collings, 2013). In fact, few works have been published that pay explicit attention to TM issues in public organisations or government sectors (Björkman et al., 2013). Thunnissen and Buttiens (2017) also emphasised that, despite the growing attention on TM in academic literature over the course of the last decade, TM in the public sector is an underexplored field of research.

2.8.2 Talent Recruitment

According to Armstrong (2006), recruitment, selection and employer branding are components of talent attraction, and recruitment and selection require that organisations use various methods or techniques of selecting the right talent that reflects the culture and value of that specific organisation. Therefore, the first task of the TM strategy is selecting and recruiting the members of the talent pool. Ballesteros et al. (2010) described the talent pool as a group of employees with special traits, and it is the source of future senior executives (Ballesteros Rodriguez & de la Fuente Escobar, 2010).

Studies have found that the new competitive environment is characterised by uncertainty in both the demand for and supply of talent because of the difficulties in forecasting consumer demand (Cappelli, 2008). This has created difficulties in forecasting, first, employee skills and competencies needed in the future, and second, turnover intention (Cappelli & Keller, 2017). Piore (2002) argued that 'in the new environment, the mix of labor requirements was no longer stable; and the organisational structures began to shift in a direction which was no longer compatible with the bureaucratic rules of the internal labor market (p. 275). Huselid et al. (2005) claimed that strategic jobs must meet the dual criteria of having a direct strategic impact and high variability in the performance of incumbents, representing upside potential. Hence, strategic jobs are those jobs in which companies invest in selection, evaluation and development to the greatest potential to generate a significant return through increased revenue.

As emerging markets grow and become integrated into the global marketplace, the management practices of developed countries have gradually been transferred to developing countries. As a result, in relation to recruitment, Western practices have taken root in the private sector in terms of employing the most capable employees for developing

the organisation (Doh et al., 2011). In contrast, in the government sector, employment decisions are usually made arbitrarily by those in senior positions. In the realm of TM, companies have begun to deal with the recruitment of individuals based on the competition for talent, as companies seek to maintain a competitive advantage by leveraging their understandings of the linkages between TM and overall firm performance (Bowen & Ostroff, 2004; Fulmer et al., 2003; Gelade & Ivery, 2003). Many scholars, such as Cappelli (2008), Collings and Mellahi (2009), McDonnell and Collings (2011) and Stahl et al. (2007), have pointed out that there seems to have been a shift in the recruitment process from vacancy-led recruitment to hiring ahead of the curve. Stahl et al. (2007) described *hiring ahead of the curve* as when companies create talent pools that include employees who fit with the organisation's values and norms, without the need to have jobs ready to be filled by them. Hence, firms fill these pools with high-performing employees who may, in the future, fill roles that are pivotal to the organisation when needed (Cappelli & Keller, 2014).

Dramatic changes in the competitive environment have resulted in an opening of the closed employment systems of traditional internal labour markets (Cappelli & Keller, 2014). Thus, the sources of talented employees can be internal or external. The first source of talented employees is internal hiring, where organisations may fill their vacant positions by hiring from their existing pool of employees (Thunnissen, 2016). In this regard, talent selection strategies may include work performance and goal achievement assessments (Przytula, 2014). Becker and Huselid (2006) stated, 'The value of employee skills within a firm is not just a supply side phenomenon. It is a function of how those skills are used and where they are used (p. 9). Some academics and practitioners have stated that the best way to create a talent pool is through internal sources, as the employees are familiar with the organisation's culture and how the business processes operate within the organisation.

Thus, they can be incorporated directly into the new position (Lyria et al., 2017). According to Lepak and Snell (2001), talent recruitment is viewed as recruiting HC that is both valuable and unique; it represents the knowledge base around which firms are most likely to build their strategies. Thunnissen (2016) also added that internal recruitment is based on developing employees and creating a talent pool. Lepak and Snell (1999) used the term 'internal development' to connote an orientation towards training, education and other skill-enhancing activities for talented employees, which help to maintain the availability of employment internally.

The second source of talented employees is external hiring, which has become a TM strategy for many firms (Cappelli & Keller, 2014). Ballesteros et al. (2010) contended that external sources are best if the organisation aims to renew its culture or make radical changes. For many organisations, the main challenge is how to reach this set of highly skilled and knowledgeable people. However, the advent of advanced technology has contributed to the development of talent recruitment, as it has become easier and faster to carry out recruitment electronically using the internet (Cook, 2016). Thus, TM adopts diverse creative strategies to target different talent groups from the external labour market, including targeting specific individual profiles on a social network, such as LinkedIn or Myspace (Ibeh & Debrah, 2011; Rashid, 2010). In addition, organisations may use executive search firms to search for employees to fill strategic jobs located in the upper levels in the organisation; most external hiring into these jobs involves recruiting from competitors (Cappelli & Hamori, 2013). After targeting highly skilled job applicants, the organisation adopts the implementation of different external talent selection strategies. These strategies include analysis of the application, use of assessment centres, interviews with managers and psychological testing (personality, competence and aptitude tests), which will be helpful in identifying a candidate as talent (Cook, 2016). Organisations that

suffer from a 'talent shortage' have acknowledged that they need to 'buy in' the necessary talent and experience to fill positions of pivotal importance. Although employers continue to employ new graduates, current business demands require their development to reach the standards needed to achieve the desired results (McCracken et al., 2016). However, this necessitates more time and cost to reach the standards. In line with this, Cappelli (2008) stressed that, due to time and resource constraints, many organisations give priority to 'buying in' individuals who could have an immediate influence on the organisation due to their relevant skills and experience. Therefore, McCracken et al. (2016) explained that TM follows a more selective approach for recruitment to ensure that the employees can deliver better 'value for the money'. By focussing on TM studies, an exclusive approach is inherent, where organisations are constantly working to refine recruitment standards to be compatible with their organisational objectives. Thus, recruitment criteria are designed by focussing on the category of talented individuals who are capable of achieving an organisation's objectives (McCracken et al., 2016).

As Armstrong (2006) previously pointed out, employer branding is one of the components of talent attraction. According to the literature, employer branding is of increasing interest to companies seeking to employ talented people. According to Lyria (2017), organisational branding is an effective strategy, whereby it represents an advantage in the competitive market to attract talented employees. Furthermore, Lyria argued that companies that develop their corporate image by giving a clear and consistent message about themselves will be able to attract talent. As Peretti and Swalhi (2007) noted, 'Qualified employees have become aware of the abundant opportunities on the job market and the possibility of guiding their careers by accumulating experience in different companies' (p. 278). An employer brand is developed through the organisational culture, including values, and it is intended to attract and retain those with similar values (Lyria et

al., 2017). Therefore, Oseghale et al. (2018) highlighted the importance of employer branding to communicate to both prospective and existing employees that their organisation is a desirable place to work. Furthermore, they added that employer branding influences the impression applicants have regarding the company's image as an employer, whether this is a negative, neutral or positive impression. Organisations effectively brand themselves as employers who can compete for scarce talent by increasing start-up wages/incentives, designing/providing jobs that are more engaging and flexible, providing training and career development opportunities, treating employees with respect, providing a good work-life balance, providing performance pay and being more socially responsible (Amankwah-Amoah & Debrah, 2011). Indeed, job candidates are more attracted to organisations that offer benefits that match their inherent needs (Minchington, 2010). The reason for this is that people's motivation is shaped by needs, and individuals are attracted to a source that can fulfil their needs (Armstrong & Taylor, 2014). Thus, organisations recruit talented individuals successfully by creating a positive image of the advantages of working in the organisation.

2.8.3 Talent Development

Talent development is an instrument for TM effectiveness and productivity (Russell et al., 1985). According to Schuler et al. (2011), ongoing development of employee skills and knowledge is critical to follow continuous changes in the market and raise an organisation's competitiveness. In the twenty-first century, organisations have recognised that achieving success depends on continuous improvements (Phillips, 2014). Furthermore, as a matter of strategy, organisations must invest in developing their talented employees to sustain a competitive advantage.

Although companies are facing TM difficulties in several regions of the world, the challenges are most acute in emerging markets. India is a prime example. Scullion and Collings (2011) illustrated that there have not been enough qualified managers in India to meet the demand for talent during periods of economic expansion and corporate growth. Furthermore, a survey of executives in India indicated that HR practices in employee development are critical to building and sustaining a workforce needed to obtain business opportunities (Malkani et al., 2007). China is another example, where the shortage of managerial talent has been considered a bottleneck to its economic development (e.g. Björkman & Lu, 1999; Branine, 1996; Dickel & Watkins, 2008; Ralston et al., 1997; Tung, 2007; Walder 1989; Wang et al., 2007; Zhu et al., 2005). The emergence of this problem has encouraged organisations to invest in the training and development of managerial and professional workers (Cooke, 2005). Not only does the government sector complain of being short of managers with modern management knowledge and mindsets, but entrepreneurs in private enterprises also suffer from the same issue. For example, amongst the 1.52 million managerial employees on China, only 0.88% had postgraduate degree qualifications and 11.4% had bachelor's degree qualifications (Cooke, 2011). In addition, a McKinsey & Company study conducted in 2005 predicted that Chinese firms seeking global expansion would need 75,000 leaders who can work effectively in global environments in the next 10–15 years. However, the current stock was only 3,000–5,000 (Farrell & Grant, 2005). Consistent with this previous study, Budhwar and Debrah (2009) suggested that organisations should focus on the efficient management of knowledge workers to yield tangible benefits to the firm in terms of employee career success, performance and potential.

Based on an exclusive perspective, the focus is on a limited number of 'talented employees belonging to a talent pool, while the inclusive perspective includes the

developmental pathways for all employees (Collings & Mellahi, 2009; Dries, 2013; Swailes et al., 2014). Collings et al. (2015) argued that all employees have strengths and are talented in different ways. Furthermore, Swailes et al. (2014) claimed that the exclusive perspective is unfair, as HRM should provide development opportunities for all staff in the organisation. Conversely, some exclusive perspective supporters, who regard some workers as more valuable than others (Dries 2013), see this as the fundamental difference between TM and HRM (Collings & Mellahi, 2009). The exclusive approach to TM has become the more practiced form in organisations today (Garavan et al., 2012), mainly due to perceived cost effectiveness and efficiency (Huselid & Becker, 2011; Marescaux et al., 2013).

However, Budhwar and Debrah (2009) claimed that the exclusive approach to TM with a focus on developing managers will impact on strategic direction and the ability of health organisations to deal with transformation and change. Yet, the main challenge facing organisations is how to convert strategy into health organisation practice through a fit-for-purpose health workforce. Turner (2018) added that this objective can be achieved through a more inclusive and pluralistic approach to talent. At the organisational level, inclusive development means having the right development tools in the right place at the right time in the right way to meet the needs of the majority of the workforce and the organisation. There is much support for this view, and developing the knowledge and skills of healthcare employees is 'front of mind' for many healthcare employers as they face talent shortages and high turnover. At the same time, it has been argued that an inclusive approach to developing talent increases the 'supply side' of the health labour market (McPake et al. 2013) and can have positive effects on both the organisation and nationally (Turner, 2018). According to Turner (2018, p. 190), inclusive talent development in the healthcare sector might be defined as follows:

' Whole workforce development concerns the learning, training and development resource and activity required to build a fit-for-purpose health workforce with the right competencies needed to deal with the goals, objectives or priority issues in each organisation in each geography served by the health unit or group of units.'

The strategy of developing talent has two perspectives, namely the individual and organisational perspectives. First, with regard to the individual perspective, Kermally (2004) pointed out that developing talent means improving an individual's unique ability to perform specific tasks and take specific actions. Furthermore, he added that development involves learning, which can be described as the process by which individuals acquire skills and knowledge. Academics and practitioners have stressed the importance of aligning the talent development strategy with corporate strategy. According to Garavan et al. (2012), talent development is focused mainly on planning, selection and implementation of development strategies for the entire talent pool to ensure that the organisation has both the current and future supply of talent, and is therefore able to meet strategic objectives.

When individuals join organisations, they join with certain expectations. They expect organisations to meet their needs, for example, by caring for them, motivating them and providing them with effective leadership. They also expect to grow with organisations, which means that they want the organisation to provide them with an opportunity to develop their talent (Kermally, 2004, p. 16). On the opposite side, organisations expect that these individuals will be able to achieve the organisational goals. Their people selection process should match the skills they need to meet their business needs. Organisations, as a matter of strategy, should invest in developing their employees' talent to sustain a competitive advantage. Organisations' priorities have witnessed changes in recent years, as they need employees with special abilities that are flexible, durable and

difficult to imitate. Thus, most organisations formulate strategies for developing talent to enhance human resources and develop them into distinctive capabilities. In this regard, organisational capabilities have to be involved in sustaining the strategic fit. Kermally (2004) argued that this evolution can only be brought about by developing talent at the organisational level.

The talent development process comprises four broad areas, as follows: identifying the need to train and who to train, design (e.g. what training programmes can develop which competencies), evaluation (i.e. what tool can be used in measuring training effectiveness) and organisational support for training. Stewart and Harte (2010) commented that, although this process may vary from one organisation to another, training should be aligned with the organisation's goals. In addition, Oseghale et al., (2018) explained that talent development is divided into two elements, namely internal and external developments. In respect to this, Fernando (2008, p. 1) stated that:

'Internal development relates to a variety of activities such as training, performance management, coaching, special projects, job design and career development, whereas, external development refers to recruitment and selection where the organisation goes out into the labour market (external) to identify, attract, select and motivate the required talent to join the organisation'.

2.8.4 Talent Retention

One of the primary concerns of many organisations today is employee retention (Oladapo, 2014). Employee retention is intended to take the necessary measures to encourage employees to remain in the organisation for the maximum period (Lyria, 2013). However, by contrast, turnover in most cases is used to describe the unplanned loss of work or employees who voluntarily leave and whom the employer would prefer to keep (Tansley, 2011). Traditional HR tends to use one-size-fits-all policies in terms of compensation and

job satisfaction to retain all employees. However, in recent years, there has been a serious re-evaluation of the traditional HR toolkit for managing mobile talent (Scullion & Collings, 2011). Retention is considered a strategic objective for many organisations to maintain a competitive workforce (De Long & Davenport, 2003). In addition, many heads of HR who think about possibilities and opportunities have become interested in attracting a talented workforce (Kaliprasad, 2006). Lockwood (2006) explained that retention is a critical element in an organisation's approach to TM, which is 'the implementation of integrated strategies or systems designed to increase workplace productivity by developing improved processes for attracting developing, improving, retaining, and utilising people with the required skills and aptitude to meet current and future business needs (p. 2). Recent research on developing countries, such as India and China, has suggested that differences in TM practices are significant in the private and public sectors in terms of their effects on retaining their employees. For example, Gong and Chang (2008) reported that, in China, the provision of employment security was greater in the government sector than in the private sector. They also found that employment security was positively related to employee retention. In the same vein, Scullion et al. (2011) argued that the private sector is suffering from high employee turnover. Mercer (2008b) noted that an accelerating trend concerning the mobility of skilled labour in looking for emerging opportunities elsewhere has contributed to a constant shortage of talented staff. Organisations strive to retain talented employees over the long term, especially individuals who can create added value for the company in the future (Oseghale et al., 2018). Mary et al. (2015) pointed out that it is difficult to locate and nurture talented employees but quite easy to lose them.

Scullion and Collings (2011) presented two suggested strategies for retaining talent. The first is using a market-based approach to manage who leaves and when. Based

on this approach, organisations devote intensive retention efforts to employees who produce a value that is difficult to replace and at the same time target the employees who are most likely to be attracted by other organisations (Cappelli, 2000). The second suggested strategy draws on the idea that a company's management of talent should be segmented or differentiated based on its strategic business effects. For instance, retention efforts can be focussed on talented employees in so-called A positions, who are critical for the firm's strategic capabilities and have a major influence on executing the firm's strategy (Huselid et al., 2005). Therefore, Somaya and Williamson (2011) claimed that 'it behooves companies to not approach all employee mobility with a war mentality, and to "pick their battles" more carefully (p.75). These two suggested strategies help organisations engage in the 'war for talent' more strategically; however, they do not address the broader structural issues driving employee mobility (Scullion & Collings, 2011).

Underlying the 'war for talent' perspective, organisations seek to keep their talented employees for the long term. In this regard, Somaya and Williamson (2011) clarified that organisations have adopted two types of strategic responses to employee turnover, as follows: 1) defensive actions and 2) retaliatory actions. First, defensive actions refer to the steps firms take to reduce current employees' motivation to leave, thereby preventing future turnover. In this case, the HRM internal practices will be changed, for example, by raising salaries, improving internal communication, developing succession plans or offering employee training in an effort to increase worker satisfaction. This approach focuses on making the firm's work environment as appealing as possible; thus, employees will be less likely to pursue or accept job offers from other companies. Second, retaliatory actions refer to the actions taken by companies to threaten or harm employees

who leave the organisation or the employers that hire them. Firms could aggressively file lawsuits against companies that hire away their employees. For example, in 2005, Microsoft filed a lawsuit against Google after they attracted one of the key executives, demanding that the former employee would be restricted from working on specific projects at Google that overlapped with his previous work at Microsoft (Delaney, 2005). From a legal perspective, Microsoft had the right to argue its case and win it because the legal separation was the employment agreement signed by employees, which bars them from doing work that would compete with projects they worked on at Microsoft for a year after they leave the company. Moreover, the contract also had nondisclosure provisions (Somaya & Williamson, 2011).

The aim of both defensive and retaliatory responses is to reduce employee turnover. In this regard, in selecting strategic employee turnover responses, managers should consider the strategic importance of the knowledge departing employees take with them. In some cases, departing employees carry generic knowledge with a low strategic value, and this can be replaced via new hires or the training of current employees. In contrast, the loss of employees with strategically important company-specific knowledge will create significant administrative and HC costs for the organisation. Somaya and Williamson (2011) pointed out that turnover hurts firms because of the increased administrative expenses associated with recruiting, hiring and training replacements. Firms also lose when they have turnover because those talented employees with their expertise and skills contribute to the achievement of the strategic objectives of the organization. In many industries, talented employees are significant drivers of firm performance, reinforcing the war for talent mentality towards employee turnover amongst top managers. Thus, organisations will have a strong incentive to adopt defensive

strategies to reduce the turnover of these types of employees (Somaya & Williamson, 2011).

Traditionally, employee mobility has been framed as a win or lose scenario: A firm 'wins' if it keeps its employees and 'loses' if its employees join another company (Somaya & Williamson, 2011). Employee turnover hurts firms because of the increased direct cost, referring to turnover costs, replacement costs and transition costs, and indirect costs, which relate to the loss of production, reduced performance levels, unnecessary overtime and low morale (Echols, 2013). These administrative expenses have been estimated to be 100%–150% of the salary of a high-performing employee with unique skills (Somaya & Williamson, 2011). In this vein, Mendes and Stander (2011) emphasised that organisations need to invest in retaining talented employees to be successful. For example, a good compensation package is important for retaining employees, such as offering an attractive, competitive benefits package with components including life insurance, disability insurance and flexible hours motivates employees to commit to an organisation (Lockwood, 2006). Thus, the salary provided to the employee should not only be a cash amount, but also it should form a remuneration package so the payment serves as a retention factor.

During the last decade, a shortage of talent has occurred in the workplace (Frank & Taylor, 2004). As organisational leaders struggle to find talented workers, leaders will be faced with the dilemma of how to retain knowledgeable workers and replace the 70 million baby boomers who will be retiring (Frank et al., 2004). Brock (2003) claimed that there is an increasing concern for not having enough workers behind the boomers in the pipeline to fill their jobs. According to Gering and Conner (2002), retaining good employees is critical to the healthcare industry in the USA. In addition, it has been argued that 'to attract the best talent, an organisation needs to be viewed as the best place to work.

A high employee retention rate implies an organisation is the employer of choice ' (Gering & Conner, 2002). In the healthcare industry, longer-term employees gain considerable experience in patient care. The longer the employee remains within an organisation, the greater the potential benefit to patients (Gering & Conner, 2002). Therefore, many organisations implement an effective retention strategy based on a set of factors that employees expect to meet their practical needs, such as development, resources, tools and technology; in addition, they seek to meet employees 'personal requirements, such as compensation and benefits. Tarique and Schuler (2010) explained that, through the organisation's vision, mission, value and strategies, the employees 'value can be determined. Based on this, Frank et al. (2004) argued that talent retention will remain one of the important TM practices for the coming years. Likewise, Turner (2018) pointed out that retention is directly related to TM through career development and progression, two of the key levers used by employers in building up their retention capability because 'when organisations want to retain their employees it is important to pay attention to the learning of employees. Letting people do more and learn more of what they are good at will encourage them to stay with the organisation '(Govaerts et al., 2011, p. 35).

2.8.5 Talent Engagement

As well as employee retention, employee engagement is considered one of the greatest challenges faced by organisations today (Mulyata, 2016). Although several authors have attempted to define engagement, it appears that Kahn (1990) was the first to use the term in this context. According to Kahn (1990), 'In engagement, people employ and express themselves physically, cognitively, and emotionally during role performances (p. 694). Other scholars have also written about engagement as 'how people employ themselves in the performance of their jobs. It has to do with active use of emotions and behaviour in addition to cognitions (May et al., 2004, p. 12). Concerning TM, some academics and

practitioners have adopted the idea that organisational advancement occurs when a flexible, committed and highly motivated pool of talented people with a strong sense of purpose in their jobs is present (Smythe, 2007, p. 12).

Organisations must work to develop and nurture engagement, which requires a two-way relationship between the employer and employee. Along the same lines, according to Towers Perrin (2005), there are three global factors that are important for managing engagement: career development, leadership and empowerment. In relation to the first factor, organisations that invest in career development for their talented employees are more likely to experience low levels of employee turnover (Tarique & Schuler, 2012). In the area of TM, some practitioners think that organisations should support their talented employees through career planning, as well as designing career development programmes to help them achieve their career aspirations. For example, Oseghale et al. (2018) emphasised that employees who have a more detailed understanding of their career path feel that their organisations value their training and career development, thereby enhancing their attachment to their jobs and the organisations where they work. Thus, training and career growth are important retention strategies, while career development is an important TM strategy. Second, the existing studies suggest that promotion to a leadership position mostly helps to engage employees (Towers Perrin, 2005). Some academics have claimed that leadership positions bring a higher salary, authority, autonomy and more significant opportunities for growth (Kular et al., 2008). Finally, the third factor, empowerment, is based on the perception that having talented employees involved in the decision-making process also helps to keep them engaged (Oseghale et al., 2018). Consequently, employees find that they can make decisions and express their ideas and opinions freely, which motivates their engagement. Therefore, for the benefit of the organisation, there is wide interest in employee engagement and retention; this can be

secured by aligning TM practices with the strategic goals for identifying the future leadership of the organisation and increasing productivity.

In health sector organisations, employee engagement has a positive impact on the quality of care and patient satisfaction and safety (Turner, 2018). It contributes to improvements in clinical processes as well as health and financial outcomes (Decker et al., 2016). It is for these reasons that the ability to engage is seen as a vital factor in building sustainable healthcare organisations (Turner, 2018). Health sector employees who are engaged and committed can achieve higher productivity and are less likely to leave. However, this requires a combination of factors, including a mix of strategy (organisational mission and vision) and leaders with the competences to deliver leadership actions who regard engagement as a key part of their role with employees (Turner, 2018).

2.9 Middle East Region

The term ‘Middle East’ is used here to denote what is politically called the ME and North Africa. The ME region is home to the Arab countries Iran, Israel, and Turkey. The Arab part of the region is either resource-based (oil) (Algeria, Iraq, Libya, Kuwait, Oman, Qatar, Saudi Arabia, and UAE) or lacks oil and inadequately utilises its other natural resources (Djibouti, Egypt, Jordan, Lebanon, Mauritania, Morocco, Sudan, and Tunisia).

According to Ali (2011), the region has become an arena where corporations compete for influence and domination. It has become the focus of attention for companies due to several factors—having abundant energy reserves, being geographically situated in a globally strategic place, and having an enthusiastic workforce (Ali, 2011). The region’s expanding wealth and ever-emerging business opportunities have also added new essential value for business engagement in the region. Furthermore, the oil-producing countries in the region are characterised by the presence of substantial currency reserves, which minimised the economic impact of the 2008 financial crisis. In this regard, Ali (2011)

reported that the region is more likely to witness development in the job market than countries in other regions of the world, which should be viewed as a notable hallmark of the region's landscape.

Effective management of talented HC is the most imperative challenge in the ME, which has made TM strategically situated to play a vital role in the region's economic progress (Ali, 2011). For years, TM was not the focus of attention of either private or public sectors. However, recently, it has taken on added importance as economic development programmes implemented by governments in the ME have generally sought to achieve the desired objectives and increase organisations' profits (Ali, 2011). All these factors have contributed to the emergence of the need to manage talent effectively in the region. In this regard, Aguirre, Post, and Hewlett (2009) indicated that the region has witnessed above average economic growth and is likely to be a strong source of global talent.

According to Raheem (2016), the Gulf Cooperation Council (GCC) suffers from a scarcity of skilled manpower. The ruling monarchies in the GCC recently realised that the low availability of talent is affecting the facilitation of economic development at the desired rate (Al-Kibsi et al., 2007; Fasano & Goyal, 2004; Forstenlechner, 2010). Therefore, importing foreign talent was seen as a solution to this issue to achieve rapid development (Al-Dosary & Rahman, 2005; Baldwin-Edwards, 2011; Kapiszewski, 2006). Moreover, it has been argued that the focus of organisations is on importing talent on a short-term 'as-is' basis instead of long-term development of the native workforce (Baldwin-Edwards, 2011; Kapiszewski, 2006; Winckler, 2010). Despite GCC governments' attempts to develop local labour, the rapid pace of industrialisation and modernisation have made these efforts inadequate, and the need for imported skills has persisted (Al-Dosary & Rahman, 2005; Baldwin-Edwards, 2011). From the period of the

oil boom onwards, expatriate inflow has increased into GCC countries. By 2008, expatriates in GCC countries numbered 10.6 million compared with 8.5 million in 2005 (Winckler, 2010). As a result, an early dependence on expatriate talent in the GCC was created.

Raheem (2016) noted that HR departments in the GCC lack efficiency in TM practices and are unable to ensure senior management's commitment to TM implementation. Similarly, Mellahi and Budhwar (2016, p. 75) added that HR managers do not necessarily have the required expertise to implement the strategic HR roles they should play in organisations, such as identifying, recruiting, and developing talent. As a result of the lack of knowledge about TM responsibilities by middle and front-line managers, organisations operating in the GCC face unique challenges that greatly influence an organisation's ability to build TM systems. Furthermore, research regarding TM in the ME is extremely limited, which has contributed to a widening of the 'knowledge-doing' gap that impedes the implementation of TM practices by managers (Raheem, 2016).

Like many other regions of the world, the ME has experienced a structural change in its workforce, which has forced organisations to confront numerous issues ranging from high turnover to shortages in professional and skilled labour. Given that the region is relying on trade with other regions and several of its countries are highly dependent on oil export, as Ali (2011) has pointed out, talent nurturing and management is a decisive factor in shaping the region's economic future. This may explain the reasons behind the considerable focus on TM from governments and business organisations alike. For example, in 2007, Dubai organised the first Middle East Talent Management Summit, which focussed mainly on underscoring the seriousness of the challenges that organisations confront and highlighted important trends that have taken place in the field

of HC (Ali, 2011). However, in November 2009, the region confronted the world financial crisis, which spread a wave of fear across the region after governments experienced difficulty in meeting their debt obligations. The financial crisis forced ME countries to undertake fundamental reforms in the labour market. Concerning this problem, Ali (2011) noted that any reforms by governments should be strategically linked to talent creation and the role of the workforce in economic development.

The region enjoys three promising and relevant developments: economic expansion and growth, the highest levels of labour force growth, and the youngest labour force (World Bank, 2007). In regard to economic growth, almost all governments in the region have embarked on economic reforms. One of these was the formation of stock markets. Since 1995, the number of companies registered on the stock exchange has increased dramatically. This was more prominent in Saudi Arabia, Kuwait, Egypt, Morocco, Tunisia, UAE, Oman, Jordan, and Bahrain. These investments created more cooperation among countries with regard to stock markets, and financial reform is now needed to increase investor confidence and economic stability. Further, the large amount of liquidity that was invested in productive sectors created more opportunities for employment and career development. These reforms provided opportunities for MNCs to invest in attractive and untapped economic sectors (e.g., insurance, banking, petrochemicals, IT and communications, and education). These reforms, therefore, have contributed to increasing the competition for recruiting and retaining human resources (Ali, 2011). In fact, the World Bank (2009) reported that governments in the region implemented economic reforms at a rate similar to those in Eastern Europe and Central Asia.

Regarding the growth of the labour force, Ali (2016) argued that, under normal conditions, population growth, especially in the youth segment, coupled with an

abundance of natural resources, leads to ample market opportunities. In the ME, the percentage of youth in the region's population is notably high; it has been stated that about 60% of the region's people are under 30 years of age. Youth (defined as ages 15 to 24) numbered about 90 million in 2005 (Ali, 2011; Middle East Youth Initiative, 2009). This number is expected to exceed 95 million in 2025 (Assaad & Roudi-Fahimi, 2007).

In Saudi Arabia, there is a significant youth population (Ali, 2011). It has been noted that, for the last six decades, Saudi Arabia has been importing labour from various countries to meet the demand for a variety of jobs, such as doctors and nurses (Ali, 2011). However, population growth in the youth segment is an advantage for Saudi Arabia—there is a window of opportunity in terms of future sources of labour. Given that Saudi Arabia is highly dependent on oil export, talent nurturing and management in today's economy will be a decisive factor in shaping the region's economic future and role in the global market. This may explain why in the last few years, both the government and the private sector have considered TM (Ali, 2011).

Another important factor is that the fertility rate in Saudi Arabia is higher compared to Europe, Japan, and the UK. According to World Bank data, the number of births per woman in some ME countries are: Saudi Arabia 2.5, Kuwait 2.0, the United Arab Emirates 1.7, and Bahrain 2.0. The same source showed the rates in other Arab countries as Sudan 4.5, Iraq 4.4, and Jordan 3.7 (World Bank, 2016). These results further indicate that the percentage of youth in the Saudi population is remarkably high, at 32.6%. The population in 2018 was 33,554,343, compared with 2016, which was 32,275,687 (World Bank, 2018; Worldometers, 2018). Therefore, the demographics in many developing countries, especially in Saudi Arabia, are considered a key factor contributing to the outlook for successful TM.

Nevertheless, the growing number of Saudi citizens has not prevented the crisis caused by the scarcity of doctors in Saudi government hospitals as well as hospitals affiliated with the MOH. The latest official statistics of the Saudi MOE indicate that for each doctor there are 358 patients, which negatively affects the quality of service and increases dependence on foreign cadres. According to the latest official statistics recorded by the Saudi MOH (2017), the total number of doctors was 89,074, of whom Saudi doctors accounted for 28,896—a rate of only 29.5% Saudi doctors in 487 hospitals. The number of Saudi doctors in the MOH was 16,760—35.96%—while in other government hospitals, there were 9,123 Saudi doctors of the total of 17,629 doctors—only 51.7%. In the private sector, only 8.9% of 33,840 were Saudi doctors (MOH, 2017). Clearly, the crisis in providing doctors to serve in government hospitals still exists, despite health efforts and programmes and a 2017 budget of 201 billion riyals provided by the Saudi government (Mufti, 2000). The crisis has greatly affected patients who are suffering and seeking treatment in a timely manner but have limited access to doctors.

In terms of the increasing population in the KSA, according to United Nations projections, the population is predicted to reach 39.8 million by 2025 and 54.7 million by 2050 (World Population, 2002). Accordingly, such expansion in population growth is the logical outcome of the high birth rate (23.7 per 1,000 population), increased life expectancy (72.5 years for men, 74.7 years for women) (Health Statistical, 2009), and low child and infant mortality rates due to sophisticated healthcare currently available in the country. However, despite the huge steps taken by the MOH to develop the Saudi healthcare system, there are still many challenges that may limit the ability of the ministry to implement its future objectives. One of the main challenges facing the Saudi healthcare sector is the scarcity of Saudi doctors. As detailed above, the majority of doctors working in the sector are expatriates, which leads to high turnover and consequent instability in the

workforce (Almalki et al., 2011). In addition, although the percentage of youth in the Saudi population is considerable, the KSA has a high unemployment rate of up to 11.8% (Ali, 2011). This high unemployment rate will require more effective strategic solutions from the Saudi government to cover the deficit in the number of doctors. In this regard, Mufti (2000) argued that the Saudi MOH should raise the proportion of Saudi doctors to 40% to be able to implement the development plans proposed in the Saudi Vision 2030 goals that relate to the healthcare sector. To achieve this goal, the number of medical school graduates must be increased from the current 400 to 1,560 by establishing seven new schools of medicine or branches of the existing five schools (Mufti, 2000). Currently, the number of graduates is insufficient to meet the huge demand for medical professionals in the country. To address this shortage, Mufti (2000) has suggested that the government should increase the number of career-focussed educational institutions, such as medical and nursing colleges, to increase the supply of local medical professionals and to drive qualified Saudi talent into jobs. At present, there are 73 colleges of medicine, health, and nursing and four health institutes in Saudi Arabia (Health Statistical, 2009). Efforts to expand the availability of teaching institutions may not be enough to solve the challenge (Almalki et al., 2011). It therefore continues to be imperative to attract, recruit, and retain doctors with rare medical specialities from different countries to enable the MOH to provide the highest level of patient care. Simultaneously, it will be very helpful for the MOH and other public hospitals to focus on the education and development of doctors with rare specialties to be able to cover the current shortage in the labour market. Filling such vacancies, whether locally or from abroad, is essential to provide the highest level of patient care. The scarcity of qualified personnel in certain medical specialties has created the need for employers around the world to compete fiercely for talented individuals.

The move to knowledge-based economies is a fundamental factor affecting TM in the global context (Scullion & Collings, 2011). Schuler et al. (2011) pointed out that knowledgeable workers include managers, leaders, researchers, and medical and pharmaceutical professionals. Concerning healthcare, evidence suggests that ME countries suffer from a critical shortage of skilled professionals and talented employees; hence, the demand for talent with high-level knowledge is still very high (Farndale et al., 2010; Li & Scullion, 2010). To investigate the availability of talent in the region, in 2008, Bayt.com surveyed 2,927 employees across the region and found that the top industries attracting talent were banking/finance, telecommunications, energy and petrochemicals, airlines, and construction. The survey also determined the sectors that experience shortages in skilled labour—healthcare and medical services, education, aerospace, and agriculture. Thus, the industries that lack local talent are government/civil service, aerospace, education/academia, and healthcare/medical services. See Table 2.2.

Table 2. 2: The State of talent in the regions

<i>State of talent</i>	<i>Ranking order</i>
1. Top talent-attracting industries	Banking/Finance, Information Technology, Telecommunications, Oil, Gas and Petrochemicals, Airline, Construction
2. Top sectors with shortage of skilled labor	Healthcare/Medical services, Education/Academia, Aerospace, Agriculture/Forestry
3. Top industries lacking domestic talent	Government/ Civil Service, Aerospace, Education/Academia, Healthcare/Medical services
4. Top sectors sourcing talent internationally	Information Technology, Education/Academia, Oil, Gas and Petrochemicals, Telecommunications, Banking/Finance
5. Top industries successfully attracting global talent	Banking/Finance, Oil, Gas, and Petrochemicals, Information Technology, Construction
6. Top industries unsuccessful in attracting global talent	Market Research, Pharmaceuticals, Charity/Voluntary sector, Transport/Travel, Government/Civil service
7. Most sought-after positions by jobseekers	Information Technology, Banking/Finance, Engineering/Automotive/Construction/Oil and Gas, Sales/Marketing, Architect/Interior Design
8. Most sought-after positions by employers	Information Technology, Banking/Finance, Engineering/Automotive/Construction/Oil and Gas, Sales/Marketing, HR/Training

Source: www.bayt.com, 2008. Top industries in the Middle East.

2.9.1 TM challenges in the Middle East

At the organisational level, there are several barriers to effective TM outlined in the academic literature. Schuler et al. (2011) highlighted the TM issues in the ME as follows: firstly, insufficient time spent on TM by senior managers; secondly, lack of knowledge about, and commitment to, TM responsibilities by middle and front-line managers; thirdly, inability of managers to acknowledge differences in performance levels amongst employees; fourthly, insufficient involvement and ownership of managers at all levels in the development of the organisation's TM strategy; and finally, the HR department's lack of TM competences and inability to ensure that senior management is committed to TM implementation.

Countries in the ME region realise that developing, energising and effectively deploying and utilising their workforce is the only vital strategy for transforming their economies into global players. These strategies differ from one country to another in the region in their way of developing and deploying HC. Most governments in the ME region invest significant amounts of their resources in developing and managing human talent (Ali, 2011). However, the way that these resources are managed is considered to be a decisive factor in shaping the future of talent. Moreover, Ali (2011) emphasised that the ME countries face formidable hurdles in utilising or improving existing talent. The author stated that one of these difficulties is the 'trapped talent', where a large share of the labour force is employed in the public sector. The issue here is that this sector is in general characterised by bureaucracy and inefficiency, and at the same time there is a low concern for employees' productivity, performance and active participation in the organisation's processes (Raheem, 2016). Ali (2011) also added that new employees who join the public sector may initially exhibit enthusiasm and ambition; however, the new talent is never utilised. This, he noted, is due to the prevailing organisational culture that does not give attention to high performers. Similarly, Cheese et al. (2007) hold the view that there is a

valuable workforce pool in the ME public organisations that is often ignored. Ali (2011) highlighted the issue of obstructive work climate by stating that the majority of senior managers and leaders in the ME public sector are applying a coercive style in dealing with subordinates, and that it is an obstacle to unleashing untapped efficiency and productivity.

2.10 TM in its Infancy in the ME Region

The HRM function in the ME has been primarily a transactional department concerned with managing employment visa issues (for expatriate employees) and legal compliance (for local employees). As a 'low status' function, HR managers do not have the required training or expertise to enable them to address the more strategic roles that the HR function should play in organisations (Mellahi & Budhwar, 2006), like those required for the identification or development of TM systems. Perhaps this is due to the HR department's lack of knowledge about TM's importance and responsibilities. Raheem (2016) also added that HRM activities in the ME lack an approach based on actual merit, talent, and measurable performance.

Consequently, this has had a negative effect on strategic TM activities, such as identifying key talent in an organisation and succession planning for key positions (Raheem, 2016). Further, many HR managers in the ME lack the expertise and a strategic perspective of their role in leading effective TM in organisations. Therefore, and because of the inefficiency of HR managers, TM activities are either lost to inefficiency or forgotten altogether. Raheem (2016) pointed out that TM is still in its infancy in the region.

However, with sustained economic growth, ME countries have become an attractive area for strong investment opportunities for companies worldwide. The confidence of global companies to invest in the region has increased, as the region successfully weathered the economic crisis, with GDP growth to 4% (IMF, 2013) (see

Table 2.3). The worldwide economic growth rate from 2007 to 2010 was 1.87% (Saddi et al., 2010).

Although economic growth in the region has been driven by progress in the energy sector, ME governments have begun to diversify into non-oil sources of income, such as media and entertainment, renewable energy, retail, education, technology, and entrepreneurship (Raheem, 2016). With huge investment plans by organisations to invest and grow in ME markets, there will be a growing need for a continuous pool of highly qualified talent to increase competitiveness and sustainability in the region (Raheem, 2016). However, the talent scene is not positive in the region where there is already a lack of talent. This is because it is difficult to create an environment in the region suitable for the care of talent. In this regard, Hendrick and Struggles (2011) noted that in the 2011 Global Talent Index, Saudi Arabia was in the bottom 15 of 60 countries in terms of offering an environment conducive to talent development, and in the bottom five in terms of quality of labour. Raheem (2016) noted that there would be an unrelenting battle for the best talent in the ME due to the growing demand for talent-limited expertise and skills in local labour.

Table 2. 3: GCC countries GDP percentage change 2007–2013

		Projected						
		2007	2008	2009	2010	2011	2012	2013
		(percentage change)						
National accounts and prices								
Real GDP								
	Bahrain	8.4	6.3	3.2	4.7	2.1	4.8	4.4
	Kuwait	6.0	2.5	-7.1	-2.4	6.3	6.2	0.8
	Oman	6.7	13.2	3.3	5.6	4.5	5.0	5.1
	Qatar	18.0	17.7	12.0	16.7	13.0	6.2	5.1
	Saudi Arabia	6.0	8.4	1.8	7.4	5.6	5.1	3.6
	UAE	3.2	3.2	-4.8	1.7	3.9	4.4	4.0
	GCC countries	6.5	7.8	0.9	6.4	7.7	5.2	3.7

Source: (IMF, 2013)

2.10.1 Talent recruitment

The rapid economic development of the oil boom in GCC countries contributed to an increase in the rate of recruitment in the public sector (Raheem, 2016). The government sector began to employ locals and expatriates and offer job benefits, such as high salaries, benefits, pension plans, and a relatively relaxed work environment (Al-Kibsi et al., 2007; Baldwin-Edwards, 2011; Winckler, 2010). However, Baldwin-Edwards (2011) pointed out that job promotion in the GCC's governmental sectors is based on seniority with less emphasis on performance, which made employees' income disproportional to their efforts (Baldwin-Edwards, 2011; Fasano & Goyal, 2004). This led to a strong preference among locals for public sector over private sector employment (Harry, 2007; Hertog, 2013).

Increased demand for the public sector not only makes the private sector less attractive as an employment destination but also reflects on the sustainability of economic development in the region. With regard to public sector jobs, GCC governments need to achieve a high rate of income to be able to meet public sector salary expenditures. In Saudi Arabia, according to a report from Jadwa Investment, the government requires the oil price to be \$74 per barrel to be able to cover existing annual public sector obligations, including salaries and pensions. Based on expected population growth in Saudi Arabia by 2030, the government would need the price per barrel of oil to be \$320 (Jadwa Investment, 2011).

Recruitment in the private sector is mainly concerned with pursuing profit-seeking behaviour. Hertog (2013) mentioned that recruitment in the private sector varies by profession—those that require highly skilled employees usually provide high pay structures commensurate with a higher standard of living and attractive perquisites in addition to basic pay. Thus, private organisations hire highly qualified people with a high salary to increase the organisation's profit. Further, pay packets vary by nationality—an American employee can potentially receive a higher pay package than an Indian in the

same job (Mellahi & Al-Hinai, 2000). Therefore, high pay structures depend on qualifications, position, and nationality.

With respect to demographic trends, the ME is characterised by growing youth and total populations. According to the Economist Intelligence Unit (2009), the total population for the GCC was expected to increase to 53.4 million by 2020, which represents a 30% increase from 2007. According to the AHDR (2010), the GCC region is now witnessing a high rate of growth in its youth population, which has resulted in 60% of the population being under the age of 30. Additionally, the working population (25–59 years) is also at an all-time high, resulting in immense pressures on labour markets (The Economist Intelligence Unit, 2009; World Bank, 2008) and exacerbating issues of unemployment.

According to Raheem (2016), the GCC suffers from a scarcity of skilled manpower. The ruling monarchies in the GCC recently realised that the low availability of talents is affecting the facilitation of economic development at the desired rate (Al-Kibsi et al., 2007; Fasano & Goyal, 2004; Forstenlechner, 2010). Therefore, importing foreign talent was a solution to this issue to achieve this rapid level of development (Al-Dosary & Rahman, 2005; Baldwin-Edwards, 2011; Kapiszewski, 2006). Moreover, it has been argued that the focus of organisations in the ME is on importing talent on a short-term basis instead of seeking long-term development of the native workforce (Baldwin-Edwards, 2011; Kapiszewski, 2006; Winckler, 2010). GCC governments attempt to develop local labour, but the rapid pace of industrialisation and modernisation has outpaced these efforts, and the need for imported skills has persisted (Al-Dosary & Rahman, 2005; Baldwin-Edwards, 2011). From the period of the oil boom onwards, the expatriate inflow increased into the GCC countries. As mentioned in Section 2.9 above, by 2008, expatriates in GCC countries numbered 10.6 million compared with 8.5 million

in 2005 (Winckler, 2010), demonstrating the early dependence on expatriate talent in the GCC. As an example, Saudi Arabia's population was more than 33 million people in 2018, compared with just seven million in 1975 and 20 million in 2000 (MOH, 2019). The population is not only growing rapidly but also young, with more than half of the people under the age of 44. According to the Saudi Ministry of Labour and Social Development, the population has increased at an average of 3% annually since 2000, largely due to expansion of the expatriate population, which accounts for 53% of the total labour force.

The largest part of the expatriate workforce in the ME comes from Asia and China. Yet, the unprecedented economic growth in these countries has led to a decreased supply of expatriates from these countries. As the traditional supply of expatriates has dried up, an opportunity was created for the national workforce to bridge this employment gap (Raheem, 2016). Therefore, the importance of TM in the GCC emerged as organisations faced talent scarcity, leading them to search for talent to employ and develop.

Job creation in the GCC has also been influenced by a number of cultural, societal, and tradition-related factors. In Saudi Arabia, for example, society is highly stratified according to economic prosperity; therefore, social status is closely associated with the type of work, place, and sector of employment (Mellahi, 2007). Tlaiss and Elamin (2016) pointed out that Saudi citizens are more likely to prefer to work in big cities rather than suburbs or rural areas. Furthermore, many citizens in the KSA and other GCC countries avoid applying for jobs; rather, they rely on their networks, connections, and *wasta* (personal influence) to provide them access to desired jobs (Tlaiss, 2013). From the social point of view in the GCC countries, citizens believe that applying for a job is an indication of one's lack of power and low social status (Tlaiss, 2013). This presents a significant problem for HR departments in the recruitment process (Mellahi, 2006, 2007) in terms of

searching for the right person to fill a job vacancy and the geographical distribution of employees in various regions of the country.

Another challenge for HR departments in Saudi Arabia is that Saudi youth suffer from a strong sense of entitlement. According to Achoui (2009), this stems from the prevalent cultural value that young Saudis feel entitled to receive very high salaries. Such preferential practices are less likely to occur in the private sector and MNCs; therefore, Saudis prefer working for government entities that provide higher salaries, shorter working hours, and more relaxed performance assessment procedures (Al-Asfour & Khan, 2014; Viviano, 2003). Al-Asfour and Khan (2014) also noted that Saudi citizens prefer to work in the government sectors, which offer higher job security, availability of development and training opportunities, and the social status and power often connected with having a managerial position in the public sector.

In addition, Tlaiss and Elamin (2016) found that expatriate recruitment usually takes place through commonly used recruitment procedures, such as sending résumés to HR specialists, delivering résumés to HR departments, or being recommended by professional recruitment companies. However, the recruitment and selection of Saudis is more difficult, as Saudis are less likely to submit their CVs online or to use a hiring company for vacant positions.

HR recruitment practices in the GCC cannot yet be described as strategic HRM. It has been argued that HRM practices in Saudi Arabia are in their infancy, with relevant knowledge almost non-existent until early 2000 (Budwar & Mellahi, 2016; Tlaiss & Elamin, 2016). The previously described issues illustrate the overall status of recruitment of the workforce in Saudi Arabia. However, these issues have contributed to generating a new movement from governments towards human resources. In Saudi Arabia specifically,

a serious movement from the government towards the workforce was noticed to reduce local unemployment. At the same time, this movement also aimed to decrease the dependency on foreign labour forces whose members usually do not remain in the KSA for a long time due to the increasing demand on them. In response to this, the Saudi government launched a series of reforms that focussed mainly on human development initiatives. This included the creation of King Abdallah's scholarship programme to qualify local human resources to be able to meet the labour market requirements. Also, in 2015, the Saudi government launched Saudi Vision 2030, which was intended to address these crucial issues.

The Saudi Ministry of Civil Service (MCS) was selected as one of the most important participants in the Vision programme to set strategic goals towards raising employee performance to achieve the goals of Vision 2030. One of these vision initiatives focusses on the importance of job performance for employees in the public sector to enhance the efficiency of human resources. According to the MCS, there is a movement towards developing an employee performance evaluation system. Accordingly, public organisations have begun stressing the importance of employee performance as an important requirement to remain in their jobs. Moreover, there are many aspects that the MCS is working on to achieve its strategic goals in employee recruitment and performance. One of these aspects is focussing on the implementation rate of HRM practices in government entities, which has been only 10% since 2017, and establishing the target of reaching 100% by 2020. Another aspect that the ministry works for is the proportion of jobs for which job descriptions are prepared, which reached 30% in 2018, and the target was to achieve 100% by 2020. The percentage of employees who achieved annual target performance was 30% in 2018, and the ministry's target was to reach 100% in 2020, which means that all employees should reach the job tasks requirements and

exhibit high job performance. Based on the above, it is clear that there is an accelerated movement towards a scale-up of the HRM system in Saudi Arabia, which has begun to set short-term and long-term strategic objectives to achieve the goals of Vision 2030.

2.10.2 Talent development

Despite the growing investments being made by GCC governments across the region in education and development programmes, there remains a gap between supply of available resources and demand in the labour market (Raheem, 2016). In fact, Budhwar and Mellahi (2016) argued that there is a need to build a stronger bridge between education output and employment requirements by implementing more internship programmes in the current labour market. Alzalabani (2002) pointed out that local citizens who are highly qualified and have the needed skills are receiving multiple job offers and finding employment with greater ease as they are in high demand. However, Raheem (2016) found no holistic development plans or transparent career paths capable of confronting the unique dynamics, challenges, and issues in the region. It has been argued that GCC governments need to extend and expand investments in both the quantity and quality of education and development opportunities for nationals in the region (Ali, 2011; Budhwar & Mellahi, 2016; Raheem, 2016; Singh et al., 2012).

Notably, Saudi Arabi is geographically the largest, economically the richest, and demographically the most populated among the GCC countries. The Saudi Arabian economy mainly depends on oil and oil derivatives, but because this is not a guaranteed source and can be affected by global crises, there has been an attempt by the Saudi government to minimise the reliance on oil (Budhwar & Mellahi, 2016). Starting a movement towards creating highly qualified human resources and matching them with labour market requirements is considered indispensable (Alzalabani, 2002). Therefore, through Saudi Vision 2030 and other means, the Saudi government has exerted significant

effort to speed up the country's integration into the world economy by developing the abilities, skills, and knowledge of the workforce (Saudi Vision 2030, 2019). Therefore, the Saudi government has been actively trying to improve Saudis' job performance by providing better development plans for the workforce using numerous educational and training initiatives (Al-Shuwaikhat & Mohammed, 2017). Thus, HRM in Saudi Arabia has begun to shift from initial practices focussed on employee development to more strategic initiatives.

Organisations in Saudi Arabia are confronting a big challenge in finding and attracting high-performing individuals from their limited pools. This challenge has prompted government organisations to pay more attention to the development of existing staff (Raheem, 2016). The massive growth in Saudi infrastructure and financial investment in international markets has also contributed to the urgent need to invest in building HC (Raheem, 2016). Towards this end, the Saudi government launched Vision 2030, which has focussed on developing highly competent employees. The Saudi government realised that a continuing focus on development programmes that are much needed in the labour market would increase employee productivity, and that this would be the key to sustaining a positive and sustainable work environment in the region (Tlaiss & Elamin, 2016).

As a result of the emergence of highly qualified human resources as an important asset for organisations in the ME, Raheem (2016, p. 70) argued that TM systems must make significant investments in development programmes, particularly in specialities in high demand, along with long-term career planning, to ensure a continued talent pipeline in organisations. Development programmes before the start of the Vision included all staff and all professions, but after the launch of the Vision, there began to be more focus on high performance and specific disciplines. This was confirmed by HR development

initiatives included in Vision 2030 (Vision 2030, 2019). Therefore, HR professionals in Saudi Arabia need to be prepared to respond to this transformation phase.

In tandem with Saudi Vision 2030 and its human development strategy, successive Saudi governments have invested heavily in the education of nationals to ensure their readiness to assume leadership roles in the future (Raheem, 2016). These human development initiatives have included the creation of national and international colleges, universities, and centres for technical and vocational education. Today, Saudi Arabia hosts 24 universities, and a total of 508 national and international colleges are affiliated with these universities (Al-Asfour & Khan, 2014). There are also 75 training institutes for vocational fields under the supervision of the General Organization for Technical Education and Vocational Training (GOTEVT) (Al-Dosary & Rahman, 2005). In 2005, King Abdullah launched the King Abdullah scholarship programme, which was a turning point in the development of human resources and has contributed to the development of Saudi citizens' knowledge and skills to match the labour market needs. This programme stresses the commitment of the kingdom to develop local human resources; for example, 25% of the country's budget was spent on education in 2013 (Al-Asfour & Khan, 2014). The most critical point in this project is the exclusive approach of the Ministry of Education towards establishing scholarships for the required specialisations and professions only and for highly qualified people, which shows the direction of the programme towards strategic steps for development in line with the requirements of the labour market.

2.10.3 Talent Retention

The emphasis on retaining employees has increased in public and private organisations in the ME. In the public sector, employee retention and rewards are related to employee output. In the governmental sector, holistic retention and rewards plans have never been very important in the GCC (Raheem, 2016). In fact, Aon Hewitt (2011) pointed out that

career growth and learning and development have been identified as the principal factors behind the retention of local employees, in addition to pay and benefits. According to Khoury and Analoui (2004), in most public sector organisations in the ME, employee retention practices still fall short in practice. Moreover, Al-Arkoubi and McCourt (2004) put forward that employee retention and rewards are often not closely related to employee performance in the public sector but are comprehensively presented to all employees. It has also been argued that the reward system is often based on culturally and socially desirable behaviour in the public sector rather than on work output (Namazie & Frame, 2007; Yeganeh & Su, 2007), which means that public organisations generally follow an inclusive approach to talent retention.

In 2011, ME governments began to pay more attention to retaining employees by keeping up with their high expectations in terms of salary and rewards. For example, the Qatar government announced an increase of 60% on the basic and social allowance for local employees in the public sector. Saudi Arabia also increased public sector workers' salaries by 15%, followed by another 15% allowance to cope with the rising cost of living. In 2011, a one-time payment of two months' salary was declared as a reward for all government employees. Oman increased the minimum monthly wage for nationals by 100%, and a cost of living allowance was introduced. Bahrain granted 1,000 BHD to each local family, increased salaries by 15% for government employees, and introduced a 'living condition allowance' for employees and retirees. Finally, Kuwait also raised public sector pay by a further 30% in the first quarter of 2012 (Singh et al., 2012).

Public sector salary increases throughout the GCC have exerted significant pressure on government budgets in terms of hiring and compensation (Raheem, 2016). Therefore, governments have started linking rewards to employee performance. In Saudi Arabia, for example, and in line with Saudi Vision 2030, employee rewards are now

starting to be linked to their performance. In 2017, the Saudi MCS issued a new regulation of rewards for attracting competencies aimed at retaining distinguished employees and promoting certain job categories. In line with Saudi Vision 2030, organisations in Saudi Arabia, whether public or private, have started seeking to enhance organisational performance through talent retention. Several studies have emerged that illustrate the positive relationship between talent retention and organisational performance (e.g., Ahammad & Glaister, 2011; Canella & Hambrick, 1993; Paul & Anantharaman, 2003; Ramlall, 2004; Zheng, 2009). Further, a study in Saudi Arabia found that there is a significant positive relationship between talent retention and organisational performance in the tourism sector in Saudi Arabia. The study also illustrated that talent retention helps organisations grow and accomplish their objectives within a specified period (Alfraih, 2015).

Thus, it is clear that the public sector has begun to emulate the private sector in retaining high performance exclusively. This makes HR practitioners in the government sector link strategic Vision goals with HRM practices and follow an exclusive talent approach.

2.10.4 Talent engagement

Employee engagement is among the most important HRM priorities in the GCC (Scott-Jackson et al., 2014a). However, to fully understand employee engagement in the ME, Raheem (2016) pointed out, it is essential to recognise that employee engagement goes through many stages, described as early to mid-career crises among nationals in middle management positions. The author went on to note that employee engagement in the region is at its highest for those under age 25 and just entering the workforce, and then it rapidly falls off a cliff, declining significantly in those between 25 and 34.

Employee engagement is a crucial topic for organisations in the GCC because of high employee turnover (Waxin & Bateman, 2016). Al-Ali (2008) explained that high

employee turnover in GCC organisations is attributed to the lack of a commitment-oriented corporate culture that provides employees with training or career development paths. Forstenlechner (2010) highlighted an interesting challenge related to the retention of national employees—that the managerial role is considered unappealing by many nationals—so it is important for local employees to have a clear career path from the start. Scott-Jackson et al. (2014a) also pointed out that, in order to maximise employee engagement, organisations should deploy both individual interventions (e.g., individual interviews, clear development and career plans, and personal employee support) and organisation-wide general approaches (e.g., engagement surveys). However, the authors found that very few GCC organisations use any kind of engagement survey, and those that tried them stressed the need for confidentiality and independent administration to avoid receiving unrealistically positive responses.

In regard to the importance of talent engagement to enhance job satisfaction, Harter et al. (2002) showed that employee engagement is positively associated with job satisfaction. Waxin and Bateman (2016) explained that the social and psychological connection between employees and their employer is often more important than financial rewards for engaging talents. Also, research conducted in the tourism sector in Saudi Arabia found that talents should be constructively engaged in their job to be more satisfied with it (Alfraih, 2015). The same study found that to engage talents, organisations should understand their employees' work interests, expertise, and experience, and involve them accordingly. Such involvement with their work will lead to higher job performance. Therefore, the researcher in the study concluded that there is a significant positive relationship between talent engagement and job performance; in other words, the stronger the work engagement of employees in the tourism sector in Saudi Arabia, the better their individual job performance.

One of Saudi Vision 2030's goals focusses on employee engagement (Vision 2030, 2019). However, there are no studies showing whether HR practices towards talent follow the exclusive or the inclusive approach.

Many publications have illustrated the problems faced by HRM in ME countries. One of these has been stated by Cornelius et al. (2016), who noted that despite the practical and strategic role of HRM in the globalisation of organisations, some key positions, such as the head of a company's board, may be filled by people with no background in HR. Furthermore, the main criticism here is that some organisations that do not attach importance to enabling HRM are still operating in an old personal management manner that lacks a strategic vision and hinders their ability to partner with strategic business objectives (Cornelius et al., 2016). Similarly, Budhwar and Debrah (2001) stated that 'despite mounting pressure of changes necessitated by organisational and international competitiveness, HR departments are not part of the formulation of business strategies, and there seems to be no movement from personnel to HRM.' In this respect, many scholars have also highlighted the problem and expressed their concern about healthcare systems, particularly in ME countries that are on the brink of collapse due to the lack of skilled personnel and the inability of organisations to engage their employees (Ali, 2011).

Despite the fact that ME countries are seeking innovative solutions to deal with the crisis of HR in the field of health, they strive to fill vacancies with distinguished employees from developed countries (Syed et al., 2012). However, at the same time, developed countries such as the US, the UK, and Canada are working hard to implement programmes aimed at attracting skilled and distinguished workers. One of these initiatives is providing permanent residency or citizenship to ensure that there will be no turnover of talented employees (Glavas & Piderit, 2009). The purpose of presenting this observation

here about the fierce competition between developed and ME countries is to illustrate that talent demands are not only regional but also global.

Another challenge in the ME, especially in the public sector, is that distribution of employees by geographical area can be difficult because citizens often want to stay in the big cities (Cornelius et al., 2016). This challenge also occurs in Saudi Arabia, as confirmed by Tlaiss and Elamin (2016), who argued that, due to the prevailing culture of Saudi society, employees in the public sector refuse to move away from their families to work in other areas. The Saudi healthcare sector is one of the public sectors that suffers most from this challenge. According to Mufti (2000), the Saudi healthcare sector suffers imbalances between regions in the number of health workers. It has been argued that many health practitioners prefer to work in urban areas and avoid rural areas, which causes an imbalance in the workforce (Elegbe, 2010; Mufti, 2000). Tlaiss and Elamin (2016) also asserted that, due to the prevailing culture, Saudi employees in the public sector prefer to work in their own cities where their families are and refuse to work in rural areas far from services.

Overall, despite the perceived contribution of TM, there are significant challenges that result in unsatisfactory organisational outcomes as a result of failure to effectively identify, recruit, develop, and retain key talent. Although organisations tend to recognise the importance of TM, they often fail to manage talent effectively (Cappelli, 2008; Collings et al., 2007; Scullion & Collings, 2011; Sparrow et al., 2004). Thus, TM practices have emerged as a key issue for global organisations in the last decade (Scullion & Collings, 2011). However, TM as a concept is still developing. There is widespread criticism that most studies around TM are focussed on the private sector, specifically in MNEs (Collings et al., 2011). Mulyata (2016) also added that few empirical studies have been conducted in the public sector (healthcare sector) and non-profit organisations. The

beginnings of TM first appeared in America with McKinsey, and Collings et al. (2011) claimed that most research on TM also originated in America. Moreover, it has been argued that TM has been influenced by the US context, which has the greatest influence on the debate (Thunnissen, 2013). In the realm of TM, most research conducted has focussed on the private sector, often from the management and organisational perspective, while the employee perspective was neglected (Mulyata, 2016). This situation exists in the ME, and we can see this clearly if we examine the literature on empirical research in the healthcare sector in Saudi Arabia. Thus, this study's intention was to examine TM in the state's healthcare sector in Saudi Arabia and thereby help fill the gap in the lack of TM development in developing countries.

In the past two decades, the public sector has witnessed a remarkable transformation by encouraging managers to emulate the private sector by applying experiences that proved successful in that sector. In an attempt to implement this view, traditional methods and bureaucratic procedures in the public sector have been replaced by modern methods that have proved successful in the private sector (Rhodes & Devine, 2003). Accordingly, during the 1980s and 1990s, the HR department experienced significant expansion and increased interest from public sector decision-makers (MacFarlane, 2012). This is sometimes characterised as having the right people at the right time with the right skills in the right place (Dyer & Ericksen, 2007). In order to face this new reality, there seems to be a move driven by organisations seeking to raise profitability through more effective TM.

In reviewing TM practices of the Saudi MOH, it is clear that attention is largely directed towards outstanding employees in particular (MOH, 2018). This focus has emerged through the MOH's steps to meet the goals of Saudi Vision 2030. One of these initiatives promotes interest in developing and improving the efficiency of HR. Further,

the MOH announced, through its 2020 transition plan that it aims to attract highly qualified and qualified current and future employees, according to specifications and requirements of specialisations and jobs available for different categories of HR (MOH, 2018). The review of the literature revealed that the amount of research that has gone into TM research can be categorised into four areas—US, Canada, and Europe (Cappelli & Keller, 2014; Dries, 2013; Krishnan & Scullion, 2017; McCracken et al., 2016; McGettingan, 2009; Meyers, 2013; Oladapo, 2014; Thunnissen, 2015; Thunnissen et al., 2013; Tung, 2015), Asia (Cook, 2011; Hartmann et al., 2010; Iles et al., 2010), Africa (Amankwah-Amoah & Debrah, 2011; Debrah & Ofori, 2006; Kehinde, 2012; Lyria, 2013; Mulyata, 2016; Oseghale, 2016), and the ME (Abunar, 2014; AlFeraih, 2015; Ali, 2011; Sidani & Al Ariss, 2014; Singh et al., 2012).

Overall, the extant literature reveals that there is a scarcity of research on TM in the public sector, particularly relating to ME countries, and more particularly to Saudi Arabia (Al Fraih, 2015; Al Haidari, 2015). Therefore, a gap has been identified, which provides the opportunity to conduct more research on TM in the ME. This research will attempt to fill this gap and contribute to the huge body of knowledge by exploring the effect of TM development in the Saudi healthcare sector.

2.11 Theoretical Framework

This section discusses the theories of Human Capital theory (HC) and expectancy as the underpinning theories that speak to and support an understanding of TM. The first part of this section discusses the HC theory and defines HC as ‘knowledge, skills and abilities of the people employed in an organization’ (Schultz, 1961, p. 140). The HC theory is mainly linked to HC performance and the competitive advantage of firms, which is the main objective of the TM. This section also explores both specific and general HC. The second part of this section presents expectancy theory and goes on to introduce three variables:

expectancy, instrumentality and valence. This chapter will be combined with the literature review to provide the theoretical context and contribution of the study to academic knowledge.

2.11.1 Human Capital Theory

The origin of the term HC can be traced to the early works of Theodore Schultz from 1961 to 1981 which were contributions to the theories on economic growth (Bouchard, 2006). Schultz (1961, p. 140) proposed that HC consists of the 'knowledge, skills and abilities of the people employed in an organisation'. The HC theory is mainly linked to the HC performance and competitive advantage of firms. From the theory's inception, many other scholars have built on the works of Schultz (Baron & Armstrong, 2007; Becker, 1962; Bouchard, 2006). Becker (1962) defined HC as 'the knowledge, ideas, skills and health of individuals (p. 1). Becker added that HC is unique because 'people cannot be separated from their knowledge, skills, health or values in the same way they can be separated from their financial and physical assets (p. 1). Bontis et al. (1999, p. 391) defined HC as:

...the human factor in the organization, the combined intelligence, skills and expertise that gives the organisation its distinctive character. The human elements of the organisation are those that are capable of learning, changing, innovating and providing the creative thrust which if properly motivated can ensure the long-term survival of the organisation.

Thus, the HC definition focuses on the 'distinctive character' of employees and their role in the outcome of business sustainability, referring to the 'long-term survival of the organisation'.

More recent definitions of HC include that of Thomas et al. (2013, p. 3), who provided a definition of HC as the 'people, their performance and their potential in the

organisation'. This definition is in line with Dess and Picken's (1999, p. 8) definition, who suggested that it consists of 'the individual's capabilities, knowledge, skills and experience of the company's employees and managers, as they are relevant to the task at hand, as well as the capacity to add to this reservoir of knowledge, skills, and experience through individual learning'. Dess and Picken's definition of HC is much more expansive than others, as this definition has crucially highlighted that individuals can 'add to their knowledge base through learning.

Traditionally, it was believed that the physical assets of organisations paved the way for economic success. However, with the advent of the twentieth century, the business environment witnessed a transition from a production economy to a knowledge economy. The knowledge economy mainly focuses on the intangible abilities and skills of the workforce and the knowledge inherent within the organisation's structures, processes and systems which can contribute towards the knowledge capital of the organisation (Grant 1996a; Mahoney & Kor, 2015). The report published by McKinsey Consultancy Company in 1998 on the 'War for Talent' contributed to shifting chief executive officers (CEOs) of organisations focusing on the importance of HC. The key focus of the McKinsey approach is that organisations should fill all roles with 'A performers', referred to as high performers (Smart, 1999). Many researchers have pointed out that there is a positive relationship between HC and performance with the belief that increased investment in HC results in higher performance (Schuler et al., 2011). In fact, Scullion and Collings (2011) noted that organisations started to place greater emphasis on effectively attracting, motivating, developing and retaining talent as a source of high performance and sustainable competitive advantage for firms.

Scholars have categorised the concept of HC into two primary levels: the individual-level and the unit-level resources of an organisation. However, scholars with an economic background tend to treat HC as a unit-level resource, where the focus is on HC as a unit-level (team, organisation or even country) construct (Wright & McMahan, 2011). Wright and McMahan (1994) explained that HC as a unit-level resource is considered equivalent to the sum total of knowledge, skills and/or experience found and possessed by all those who constitute a unit.

In the context of organisations, the HC theory suggests that investing in the training and development of HC can translate into the firm's highly competitive advantage. In this regard, Becker (1993, p. 19) mentioned that 'schooling raises earnings and productivity mainly by providing knowledge, skills and a way of analysing problems'. Becker's ideas play an important role in the contemporary HC development and learning literature, as HC theory supports the idea that employees' knowledge and skills can be developed through investment in employees' learning (Hatch & Dyer, 2004). Organisations in a highly competitive global market increasingly demand HC with superior abilities and knowledge in order to compete, create and sustain competitive advantage where highly skilled employees are scarce. The HC theory asserts that investing in employees' training and development will help organisations to address the talent shortage problem (Bouchard, 2006, p. 133). Bouchard added that the majority of job vacancies in organisations are not easily filled due to a lack of available employees that possess the skills and capabilities required by most organisations; therefore, Bouchard emphasised, development programmes are relevant methods for bridging this gap between skills demand and skills on offer (p. 133).. Elegbe (2010) also argued that developing HC will help organisations develop their own talent base to be able to face the shortage of skills in the workforce.

Becker (2009) added that individuals invest in their HC through education to access greater rewards in the future.

2.11.2 Specific and General human capital

Another important distinction in the definition of HC concerns the concept in general and HC in particular. Becker (2009, p. 11) claimed that HC characteristics can be looked at from purely general and specific dimensions, going on to say that firm-specific knowledge is limited to the firm providing it, whereas general knowledge denotes that it is also useful to other organisations. Many publications on strategic human resource HRM have paid a lot of attention to HC through the resource-based view. In respect to this, Wright and McMahan (2011, p. 97) asserted that the 'uniqueness' in the HR of the organisation is translated as a competitive advantage. Through strategic HR publications, these unique resources have been viewed as a competitive advantage and can be attained through the development of firm-specific HC (Barney & Wright, 1998).

From the general HC characteristic perspective, all organisations in the market can use the resources, where the general HC characteristics will be compensated at the market level. Thus, employees become available from the market in the form of 'economic rents' attributed to their general HC from the market. Therefore, if one organisation is not able to adequately compensate its employees, it could simply turn to the other firm that is able to do so. On the other hand, specific characteristics that are an inimitable valuable only to the specific firm would be impossible for other firms to pay for, and this would prevent employees from accruing any rent attributed to their specific HC elsewhere, except with the firm in question where their skills are valuable (Wright & McMahan, 2011, p. 98). The distinction behind this argument plays an essential role in strategic HRM, as the organisation has to compensate employees for specific HC to incentivise them to achieve more HC (Wright & McMahan, 2011, p. 98).

Wright and McMahan (2011) added that HC in the context of strategic HRM is where there is an issue that exists between HC and competitive advantage, and they pointed out that the most convenient approach is when HC focuses mainly on characteristics such as education, knowledge and skill of individuals and groups. They claim that these characteristics by themselves do not increase productivity, but they provide only a foundation for high productivity. This argument is based on their point of view that productivity comes as a result of employee behaviour and specifically from highly competent employee's more than lower-skilled ones. They further added that those highly competent employees may have very low performance in the event that the organisation management does not contribute to building HC in a manner that achieves high organisational performance and competitive advantage.

Research that is concerned with the HC of the corporation has clarified that organisations do not own HC and any resources embedded in the HC, such as component organisation capabilities or dynamic capabilities that are embedded in the HC component. However, the corporation can own the HC and have access to it by employment contracts, but the employees are the protector of the HC, as they can leave the organisation. As a result, this ability that employees own their skills makes HC a competitive advantage which is hard to achieve for firms. Based on this fact, these arguments show that organisations possess but do not own high levels of HC (Wright & McMahan, 2011). Based on the HC theory, human's knowledge and abilities generate economic value for the organisation by increasing their employee's education and teach (Nafukho et al., 2004). In an attempt to further define HC theory, Abhayawansa and Abeysekera (2008) noted that HC has two roles; the first role is that organisations use HC as a 'stock of knowledge' that is able to generate profits through innovation. In this sense, the value of the organisation is linked to the stock of knowledge available in its HC. The second role for HC is to be seen as a 'stock of skills' which is mainly obtained through development and learning, which makes

HC operate in harmony with other physical capital factors. Collier (2001) also added that the flow of HC and the right utilisation of this stock in achieving management objectives is more important than the stock of HC.

2.11.3 Intellectual Capital

According to Subramaniam and Youndt (2005), the term 'intellectual capital (IC) is defined as a collection of knowledge resources. This collection of knowledge resources is the sum of a firm's resources that involves collective intellectual resources that can contribute to creating value for the firm. Previous studies linked IC with higher performance. Barney and Mackey (2016) determined that IC is what makes the firm unique from other competing firms, as IC elevates the distinctive feature of the resource for sustainable competitive advantage. For this reason, organisations that are seeking competitive advantage must use the knowledge to generate IC (Barney & Mackey, 2016). Similarly, IC has been defined as: 'The sum of all knowledge an organization is able to leverage in the process of conducting business to gain competitive advantage (Iacob & Andrei, 2011, p. 130).

Traditional HC theory suggests that employees should make reasonable choices about the benefits of investing in their HC. Also, employees should assess the pros and cons of their decisions regarding potential rewards associated with that investment (Iacob & Andrei, 2011). Thus, HC is an important perspective which is needed to gain more understanding of TM. The most fundamental aspect is the career outcome and how investment in HC can increase an individual's productivity and rewards, such as job promotion (Collings, 2014). This then appears to be the most important process and the link between strategic HRM and higher organisational performance. Turner (2018) reinforced this argument and has proposed that there is a causal link between effective TM

and employee benefits; therefore, organisations must invest considerable time to identify and develop highly qualified employees who are able to repay this investment.

According to Cappelli (2008), employees are more able to choose their own job and not only the organisations that choose and recruit them. Therefore, if the organisation fails in managing their employees, they will leave. For this reason, the ‘investment process’ has to be actively managed by the organisation in a way that enables individuals to play a role in developing and deploying their own resources. This point of view claims that both employees and employers are active in the ‘investment process’ and only employees who are highly motivated and who work with conscious awareness will be able to achieve a high level of performance (Turner, 2018).

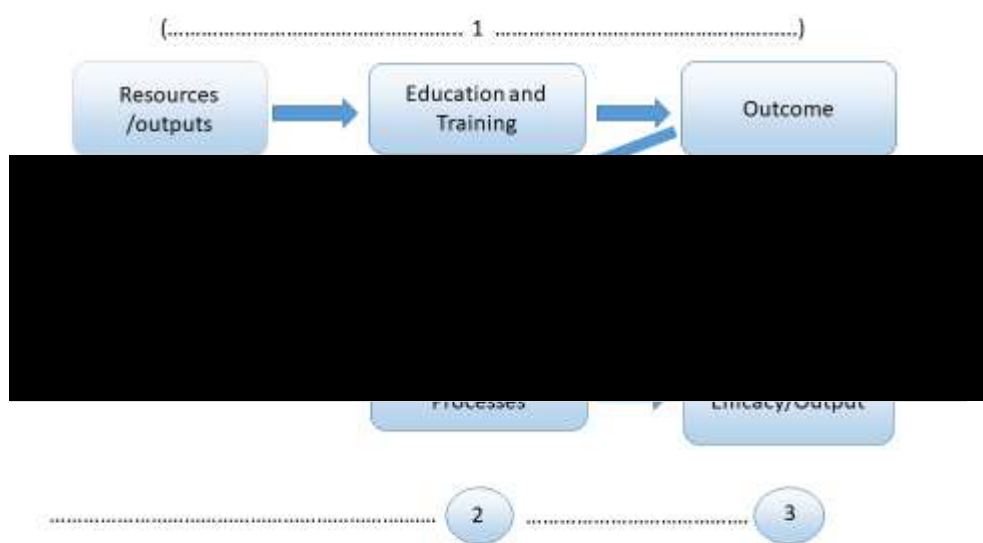
2.11.4 Social capital

According to Noe (2017), the term ‘social capital’ (SC) is one of the important concepts that are integral to any TM debate. SC was defined by Becker (1990) as the structure of a relationship network. Lin (2001) put forward that SC is the potential resources that can gain access to through such networks. Lin (2001) pointed out that the role of SC is not limited to its role as a determinant of HC development, but also functions as a fundamental determinant of organisational and economic performance. Crane (2019) pointed out that SC has a fundamental role in the TM realm as it improves the performance of organisations and affects the performance of organisational units and the performance of individuals themselves. Therefore, in this thesis, the work of reinforcing the earlier argument on investment, underpinned by an improved economic performance expectation, implies that a national TM programme and its impact on organisational units and the individuals themselves is worth studying and is also of significant importance to understanding the effectiveness of TM programmes.

2.11.5 Organizational capital

The ‘organisational capital’ (OC) concept is also common in works of literature on TM. OC has been defined as the knowledge and experiences stored in an organisation’s database (Sirmon et al., 2007) and the development of innovation (Turner, 2018). Based on this definition, Swanson and Holton (2001) proposed that employees’ competencies and efficiencies are the stock of knowledge of members in the organisation; therefore, there is a strong link between OC and HC theory. According to Wright and McMahan (2011), employees’ knowledge, experience and skills generate economic value for the organisation, as employees enhance and develop their HC through education and training. Moreover, Mincer (1989) pointed out that HC ‘plays a dual role; first, as a stock of skills produced by education and training, it works in conjunction with other factors of production such as physical capital and unskilled labour; and second, it is a stock of knowledge-generating growth through motivation.’ Furthermore, Swanson and Holton (2001) have explored the casual relationships that support improved performance, and these cause/effect links are shown in Figure 2.2.

Figure 2. 2: Key relations in human capital theory and the assumption underlying these relationships

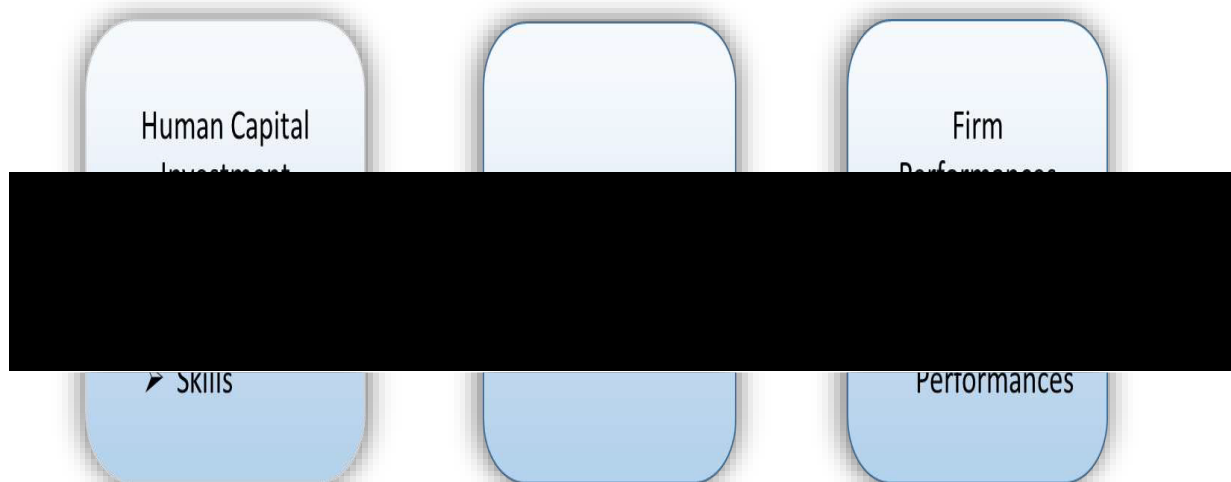


Source: A model of human capital theory (Swanson, 2001:110)

In the figure, Relationship 1 represents the concept of production functions as applied to education and training. The main assumption underlying this relationship is that investment in education and training leads to increased learning. Relationship 2 represents the HC relationship between learning and increased productivity. The main assumption underlying this relationship is that increased learning leads to increased production. Relationship 3 represents the HC relationship between increased productivity and increased wages and business earnings. The main assumption underlying this relationship is that increased productivity leads to high wages for individuals and profits for the business. Therefore, HC does contribute to organisational advantage and profits.

The model shown in Figure 2.3 demonstrates the relationship between HC and organisational performance. As discussed previously, organisational investing in HC is made through training, education, knowledge and skills that tend to enhance HC effectiveness. Organisations can also invest in organisational HC through new equipment that is needed, such as technology, to improve the production process and the clinical services provided to patients. For example, surgeons can improve their job performance through continuous training in the latest medical technology.

Figure 2. 3: Conceptual model linking human capital investment, human capital effectiveness and organisational performance



Source: conceptual Model-Marimuthu et al., (2009:270)

To sum up, previous literature proposed that HC leads to raising organisational performance in general. Organisational performance can be viewed from two perspectives: financial performance and non-financial performance. In regard to financial performance, it includes productivity, market share and profitability. Non-financial performance mainly includes customer satisfaction, innovation, workflow improvements, improved staff morale and skills development.

2.12 Expectancy Theory

Expectancy theory has been used to explain performance management in many prior studies (Armstrong, 2014; Hartog et al., 200; Lucas et al., 2006). Expectancy theory is the theory of the motivation of the cognitive process; it is mainly based on the idea that people believe that there is a relationship between their effort exerted in work and the performance that is made through the exerted effort and between the rewards that individuals receive from their effort and performance (Armstrong, 2014). In this sense, individuals will be motivated in their work if they believe that their hard effort will lead to high job performance, and this will lead in the end to desired rewards. The work environment is associated with expectancy theory, as it has a significant role in job performance. Thus, Turner (2018) stressed that a high level of performance occurs in work environments that inspire and motivate employees to achieve high levels of job performance that meet individual and organisational expectations.

Victor Vroom (1964) was the first scholar to develop expectancy theory with a direct application to work settings. Vroom proposed that humans are motivated to maximise their pleasure and minimise their pain, but at the same time, those humans are also capable of making their choices, which are dependent upon perception and beliefs and attitudes. Vroom's point of view is based on three variables: expectancy, instrumentality and valence, which form the basis for commitment of effort to a course of

action. These three concepts were later explored by Lunenburg (2011, p.4), who asserted that: 'A person is motivated to the degree that he or she believes that (a) effort will lead to acceptable performance (expectancy), (b) the performance will be rewarded (instrumentality), and (c) the value of the rewards is highly positive (valence)'.

Also, it is important to note that these approaches to human motivations have implications, to a large extent, for the design of national and organisational human resource management systems. The above-mentioned authors have suggested that, to achieve high performance, organisations should put in place effective systems in the short and long terms by developing the structure of financial rewards and developing HC.

2.12.1 Understanding Expectancy Theory

As noted previously, Vroom mentioned that expectancy theory is based on three factors: expectancy, instrumentality and valence. Individual motivation and performance increase when these three are perceived to be present and of value to the individual. These will now be explored.

2.12.2 The Concept of Expectancy

The central idea of the concept expectancy is that, in a transaction of individual effort, the performance outcome gained and rewards for that performance are labelled as 'expectancy' (Lunenburg, 2011). In this sense, expectancy is the estimation by individuals of the possibility that the effort involved in the job will lead to a certain level of performance. Isaac (2001) added that individuals will expend more effort in their jobs when they believe that the required levels of performance are attainable, which is known as the effort-performance (EP) linkage.

Effort – to - performance expectancy implications

Isaac et al. (2001) emphasised the role of leaders in raising employees belief that they are able to carry out their required jobs successfully. Lunenburg (2011) went further and

added that leaders should select people with required knowledge and skills; provide the required development programmes; clarify job requirements; assign progressively more complicated tasks related to their training and development; listen to employee suggestions and accommodate them; attempt to solve job problems that may hinder effective performance; and recognise that employees are significantly different regarding their levels of self-esteem and self-confidence.

The effort-performance (E-P) linkage

With respect to the EP linkage, Isaac et al. (2001, p. 217) mentioned that there are five prominent considerations that leaders should keep in mind. First, to be an effective system, the work should provide a reasonably challenging assignment for the follower in light of the latter's self-confidence, abilities, education, training, skills and experience. Non-challenging tasks may lead to frustration and marginal performance. On the other hand, an extreme challenge might be resented by employees and end up being rejected, since they perceive this challenge as unattainable.

Second, the leader must consider the ability of the follower. In this sense, individuals bring to the job differences in talent, knowledge, skills, education and training levels. If the followers perceive that they lack the capability to carry out the duties associated with the task that will lead to a decline in the motivational level due to the weak EP linkage. Therefore, to avoid this issue, leaders should carefully consider employees capabilities and their perception of a task before they assign the task, as this will demonstrate a concern for the employee and prevent a negative impact on the EP linkage, according to Isaac et al., (2001, p. 217). Isaac et al. went on to add that the determinant of the strengths or weaknesses in the EP linkage depends on the employee's mind and in that way it influences the motivation state. This point of view is based on the fact that each

individual has their own way of assessing the possibilities associated with the different work paths with regard to the outcomes that are based on the perceptions of the self-concept (p. 217). In this way, expectancy theory and this approach support the view that organisational HR professionals should design systems that extend and challenge individuals' abilities without resulting in a feeling of futility, or that this challenge is in effect easily achievable.

Third, the leader must recognise that followers differ significantly regarding their levels of self-esteem (Mousa, 1996) and self-confidence when attacking a task. Here, again, each individual assesses the probabilities associated with the different courses of action concerning outcomes that ratify perceptions of the self-concept (Isaac et al., 2001).

Fourth, leaders need to make sure that both parties clearly determine exactly what outcomes constitute acceptable performance and those results that do not (Katzenbach, 1996). Here, performance measurement has a significant role in achieving successful measurement that should outline full behaviour in both their minds. Isaac et al. (2001) also argued that a participatory approach involving both parties should be adopted (with the employee and the leader). This approach offers an opportunity for individuals to 'fully understand the expectations established in order to accurately assess the strength and weakness of the EP linkage' (Isaac et al., 2001, p. 218).

Fifth, and finally, leaders or organisational designers should understand that for many followers, the expenditure of effort on the part of the followers results in job satisfaction (Brown & Peterson, 1994). Individual employees wish to demonstrate that they are productive, involved, useful and competent through their employment tasks, as this brings a sense of achievement to those individuals. Therefore, leaders should reinforce these feelings in their followers by supporting employees to achieve their needs. This effort by leaders will help to strengthen the EP linkage by ensuring that the employees

fully understand how they contribute to the achievement of the organisational vision (Isaac et al., 2001).

2.12.3 Instrumentality

Bratton (2015) explained that the performance level of individuals is related to rewards, which is known as performance-outcome (PO). The relationship to expectancy happens if individuals observe that high job performance leads to an increase in their salary. If an increment is achieved, then the PO rate is given as 1, and if not achieved, the rate is 0.

Performance - to - Outcome reward expectancy

According to Buchanan (2019, p. 167), instrumentality is the perceived probability that high job performance will result in valued job rewards and is measured on a scale from 0 (no chance) to 1, which represents an absolute certainty that a reward will be forthcoming. By using EP expectancy logic, a PO expectancy outcome is specified as being based on the objective situation and previous experiences of employees who work in the same environment/situation. Buchanan (2019) noted that POs are critical, as they are affected to a large extent by an organisation's policies and practices. In view of the fact that a PO is based on the actual work situation, and as organisations control and manage vital areas of the work situation, the organisation, therefore, has the potential to make changes to PO expectancies by changing the situation (Buchanan, 2019). For this reason, Buchanan (2019) pointed out that it is a necessity for HR managers to design systems that offer rewards for achievements in improving performance. Along the same lines, Lunenburg (2011, p. 4) stressed the vital role of leaders in enhancing employees' PO beliefs and ensuring that the PO will lead to valuable rewards by measuring performance accurately. Lunenburg added that the leader's role here is to clearly describe the rewards resulting from successful performance by giving clear examples of other employees who received

rewards due to good performance and to the execution of solid compensation mechanisms and pay-for-performance plans.

Performance-outcome (P-O) linkage

According to Isaac (2001), the strength of the PO depends on three highly important employee beliefs. First, the followers (employees) must trust that the leader will be able to 'deliver the rewards 'as promised, and these rewards in the employees 'mind are seen as a drive for the motivation level. Therefore, if leaders fail to fulfil their promises, that will significantly weaken the PO linkage in employees 'minds, and thus lose trust in their leaders. When strengthening the PO linkage, there are three areas that leaders should cover to motivate employees. Firstly, leaders cannot afford to lose their credibility. Therefore, they must keep their promises at any cost. Secondly, leaders should make sure that the follower receives fair treatment in a predictable manner (Isaac et al., 2001, p. 219). Thus, equity amongst employees is an important motivational state, which is achieved through practices that are consistent and fair amongst employees. However, Harris and Foster (2010) argued that fair treatment does not mean equal treatment to all employees, but according to their needs and outcomes, which makes it appear fair to talented employees. Thirdly, leaders have to be honest, which is a strong reference to the PO linkage (Isaac et al., 2001). In this regard, Yang (2009) claimed that leaders must be honest and avoid ambiguity while providing employees with feedback to avoid any misinterpretation. Also, there are many opportunities that leaders can take advantage of to provide feedback to employees, such as to give them feedback during evaluation times, and the focus should be on the performance and not the person (Yang, 2009).

2.12.4 Valence

Vroom (1964) mentioned that valence relates, in its origin, to the value or strength that an employee attaches to a reward. In this sense, valence is related to the strength of the value that employees attach to rewards. Turner (2018) explained that the reward could be in many different forms; it could be in the form of pay increase, promotion, recognition or sense of accomplishment.

Motivation = expectancy x Instrumentality x valence

Based on this formula, to achieve motivation, it will be necessary that all the elements should be able to score 1. This formula means that if one of these elements is zero, the overall motivation would be zero. Lunenburg (2011) pointed out that, if an employee believes that the effort that is exerted in a job will result in better performance and a positive reward, motivation would be zero if the valence of the reward that this employee expects to receive is zero. To elevate motivation states amongst followers, according to Tatoglu et al. (2016), the attractiveness of outcomes will vary amongst employees; therefore, leaders should be able to determine the importance of each of the available rewards from the perspective of the follower in order to motivate them.

Isaac et al. (2001, p. 219) suggested that not all employees prefer money and that they do not consider money to be the only form of reward. Instead, they responded well to rewards such as being told 'thank you', which amounts to a very big reward, while others responded well to praise, tokens of esteem and other forms of recognition. Also, it has been claimed that some employees respond well to rewards that are presented in the form of a day off with pay, attending a conference in their field and other non-financial rewards. Therefore, leaders play a significant role in building an effective system through expending a significant amount of effort to set up an alignment between the personal goals

of their followers and those of the organisation (Berg, 2015). Berg also noted that leaders should make sure that there is a congruency between an employee's interests, aspirations and goals that are both short- and long-term in nature, and the organisational vision. Therefore, this will make employees understand this as the consequence of behaviour and performance that they achieve that are aligned with the organisational interest. Therefore, it is important to look at the implications for motivating employees in the organisation from the model point of view: effort-to-performance expectancy, performance-to-reward expectancy and reward valence, which are all important features of any study in the TM field.

The valence of rewards

Isaac et al. (2001) stressed the responsibility that leaders should assume towards increasing the value of reward as an outcome of desired performance. This outcome of desired performance includes distributing a reward that the employee values and individualising the reward. However, it is highly important to avoid counter valence rewards—performance rewards that create negative valence, as this has the possibility to demotivate employees and cause lowered job performance (Isaac et al., 2001). Also, it is mentioned that formal rewards are capable of providing motivation for high-level performance (Lunenburg, 2011, p. 4).

2.13 Chapter summary

This chapter was divided into six main sections: the historical background of TM, the definitions of both talent and TM, the two main TM approaches, TM practices in global and regional perspectives, and finally, the theories used in this study. The first part presented the historical background of the TM revolution, including the transformation from PM to TM, by highlighting HRM's role in responding to organisations' needs. This chapter showed that in 1998, the TM topic emerged as a significant concept when a group

of McKinsey consultants coined the phrase ‘the war for talent.’ Previous studies show that talented HC has created a new direction from SHRM towards TM, specifically in meeting the rapidly changing competitive environment that requires talented employees who are able to deal with challenges. Studies also show that organisations that practise TM often find that it affects organisational performance and higher financial profits and revenue. The second section deals with the development of talent and TM definitions through the years; previous literature shows that having a clear definition of what the organisation means by the term ‘talent’ is an important foundation upon which TM strategies and actions can be built that target those talents. The chapter then sheds light on the two main TM approaches: exclusive and inclusive. The third section highlighted global practices in TM, specifically talent recruitment, development, identification, retention, and engagement. The section further examined global TM challenges. The fourth section focussed on key regional TM practices and challenges in the ME. The fifth section pinpointed the research area for this study by focussing on the gap identified in the research. The review of TM literature indicated that this research area is at its early stage for two reasons. First, there are only a handful of empirical studies in the TM field; second, studies are scarce that deal with the ME, and Saudi Arabia specifically, and they examine mainly the private sector. This handful of studies called for more empirical studies on TM, especially in Saudi Arabia in the public sector. The last section in this chapter presented the theories that the researcher used as a lens for this study’s findings. The chapter discussed the theories involved in this study: the HC theory and the expectancy theory. The human capital theory focusses on organisational investment in human capital through training, education, knowledge, and skills that tend to enhance human capital effectiveness. The theory plays a fundamental role in the talent management realm. It improves the performance of organisations as well as individuals, and by extension, the quality of healthcare sector services. On the other hand, in this study, expectancy theory

has been used to explain performance management, which is considered an initial step toward identifying talents and selecting, recruiting, developing, retaining, and engaging them. This theory is mainly based on the idea that people believe there is a relationship between the efforts they exert in their work and the performance that results from that effort, leading to a similar relationship between the rewards they receive from their effort and performance. Therefore, the two theories discussed in this chapter will be used as an interpretive framework to analyse the case study findings, which will help answer this study's research questions.

CHAPTER 3:

SAUDI CONTEXT

3.1 Introduction

Saudi Arabia is the world's twentieth largest economy based on GDP, representing 1.2% of the global economy. Saudi Arabia is the largest exporter of total petroleum liquids in the world, and has 16% of the world's proven oil reserves (Ali, 2011). Saudi Arabia has witnessed a huge increase in its population; in 2006, the total population reached 24 million, and in 2018, the population was estimated to be about 33,413,660 people (MOH, 2019). This significant increase in the population in Saudi Arabia requires a capable healthcare sector to provide a high quality of health services through a highly competent health staff. As a result, 'talented' healthcare staff has emerged as a critical component in ensuring a thriving economy and sustainable healthcare system.

The chapter presents the context of Saudi Arabia in general and the specific context of the development of its healthcare sector. The chapter begins with an overview of Saudi Arabia's history, government structure, demographics and economy. This is followed by a discussion of the key features and structure of the healthcare sector. The chapter also discusses the MOH reform challenges and the strategies for healthcare services to achieve the healthcare reform objectives of Saudi Vision 2030.

3.2 Saudi Arabia Profile

The KSA is the country where Islam originated and where two holy cities of Muslims, namely, Mecca and Medina, are located. The official title of king of Saudi Arabia is also the Custodian of the Two Holy Mosques. In 1932, the modern Saudi State was founded

by Abd Al-Aziz bin Abd Al-Rahman Al Saud, and that was after a 30-year campaign to unify most of the Arabian Peninsula (Brdesee, 2013). Based on the 1992 Basic Law, one of the male descendants of Ibn Saud has to rule the country. King Salman bin Abd Al-Aziz ascended to the throne in 2015. Islam is the foundation of society and the constitution, the legal system, government and commercial transactions in Saudi Arabia. As an Islamic state, Saudi Arabia operates on principles approved by the Qur'an (Islam's Holy Book) and Sharia (Islamic law). The governance structure under the king and his advisory Council of Ministers includes the administrative Provincial Council System and the Consultative Council (*Majlis Al-Shura*). The KSA is divided into a total of 20 regions and contains 13 administrative regions, with local government organisations executing the orders of the central government (see Figure 3.1). There are 22 ministries that administer regulations, high verdicts and trade; this research relates to one of these ministries, which is the Saudi MOH.

Oil was discovered in Saudi Arabia in 1938, and the oilfields were subsequently developed by US and European corporations. The oil that was discovered provided a source of growing monetary returns to develop the peninsula. By the 1970s, a socio-economic infrastructure began to take shape, and the state's income dependence on agriculture began gradually to reduce as the reliance was now heavily shifted to oil. The discovery of oil marked a turning point in Saudi Arabia, where it became a country with more than 20% of the world's proven petroleum reserves, ranking it as the largest exporter of petroleum and playing a leading role in the Organisation of Petroleum Exporting Countries (OPEC). However, oil is not a guaranteed source of income as it is affected by global economic crises, and that is what happened in 2009. Oil revenues dropped from 60% to 46.7% of Saudi Arabia's GDP, which was 647 billion Saudi riyals. However, the non-oil sectors, the public and private sectors, rose 5% to 723 billion Saudi riyals, where

the private sector's contribution to the GDP also rose from 24% to 32% in 2009 (Brdese, 2013). The country is still one of the pioneering leaders of oil and natural gas producing countries and holds about 16% of the world's proven oil reserves. The government continues its economic reform and the promotion of economic diversity, predominantly since Saudi Arabia joined the World Trade Organisation (WTO) in 2005, and endorses foreign investment in the kingdom. A growing population, aquifer reduction and an economy mainly dependent on petroleum output and prices are ongoing governmental concerns (CIA, 2014).

3.2.1 Demographics

According to the Saudi General Authority for Statistics, Saudi Arabia occupies about 2,000,000 square kilometres of Southwest Asia. The key importance of the kingdom's location is that it serves as a bridge between the Western world and Asia. Saudi Arabia is bordered by the Arabian Gulf, United Arab Emirates and Qatar on the East; the Red Sea on the West; Kuwait, Iraq and Jordan on the North; and Yemen and Oman on the South. Figure 3.1 is a map of Saudi Arabia showing the boundaries of its component regions and the names of neighbouring countries.

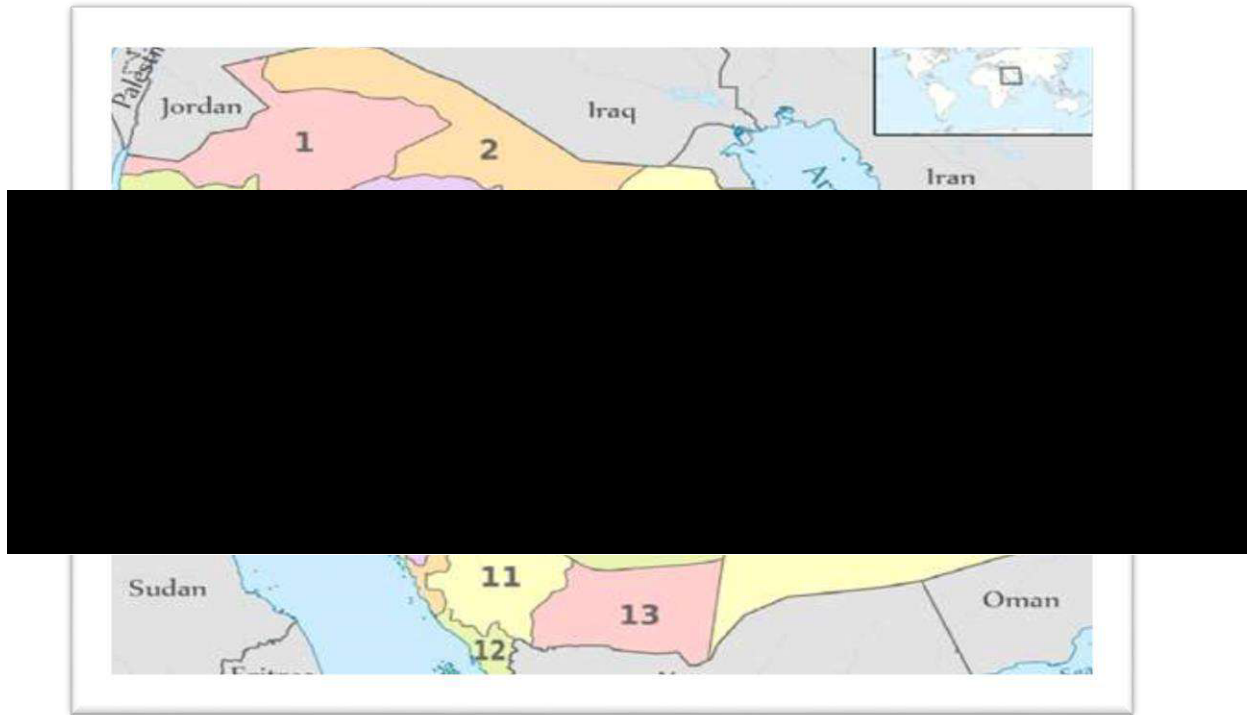


Figure 3. 1: Map of Saudi Arabia (Source: Brdese, 2013)

The population of Saudi Arabia has significantly increased; the first comprehensive national census was in 1974, and the statistics were published in 1977, where the Saudi population was 6,939,642 persons (Mufti, 2000). In 2006, the Central Department of Statistics in Saudi Arabia showed that the total population had reached 24 million, and about 5,576,076 people of these were foreign nationals working in the country. By 2013, the population in Saudi Arabia had risen to 28.83 million. In 2018, the population was estimated to be about 33,413,660 people, where the Saudi population consisted of 20,768,627 people and the foreign population was 12,645,033 people (MOH, 2019). This jump in the population in Saudi Arabia was attributed to the high birth rate amongst Saudis, the rapid decline in mortality rate due to improving economic and health situations and the influx of a large number of expatriates. Table 3.1 shows the number of population in Saudi regions.

Table 3. 1: selected indicators of population by region.

region	Population
Riyadh	8,446,866
Makkah	2,386,900
Jeddah	4,767,662
Ta`if	1,331,913
Medinah	2,188,138
Qaseem	1,455,693
Eastern	3,318,189
Al -Ahsa	1,252,914
Hafr Al-Baten	457,650
Aseer	1,863,362
Bishah	398,256
Tabouk	930,507
Ha`il	716,021
Northern	375,310
Jazan	1,603,659
Najran	595,705
Al-Bahah	487,108
Al-Jouf	347,494
Qurayyat	173,243
Qunfudah	317,070
Total	33,413,660

Source: (MOH, 2018)

3.2.2 Economy

The Saudi economy is mainly based on oil, and the kingdom has vast oil reserves. Also, Saudi Arabia is ranked as the world's largest exporter of petroleum and plays a leading role in OPEC (Brady, 2011). The kingdom gradually expanded its economy as it moved

from an agriculture-based economy to an oil-based economy, which made Saudi Arabia a regional and global economic power with a contemporary substructure. The Saudi government has a fundamental role in both industrial and economic development. The Ministry of Economy and Planning primarily articulates all economic and social development plans for the country by setting long-term economic goals. The Ministry of Economy and Planning is responsible for the Socio-Economic Development Planner and the National Economic Policy Developer, and it is also responsible for supporting the national Saudi Vision 2030. The Ministry is considered the supporting body for the relevant authorities and the government parties in the strategic and operational planning, in the direction of the Council for Economic and Development Affairs or in the case of the parties request. The Ministry also provides the necessary information from data, statistics and studies to the relevant authorities, and it works to harmonise the sectoral and regional plans amongst the respective authorities.

In the early 1980s, Saudi Arabia achieved the highest real GDP per capita. Since that time, the overall economy has expanded, despite upticks and downticks in global oil prices. The post-2003 Saudi economic expansion contributed to increased employment in public sector and to improved public services. However, in 2014, oil prices gradually declined, and Saudi Arabia's war on Yemen, which started in March 2015, also resulted in a budget deficit (see Table 3.2).

Table 3. 2: GDP grow in Saudi Arabian (2012-2016)

YEAR	2012	2013	2014	2015	2016
GDP grow	5.4%	2.7%	3.6%	3.5%	1.2%

Source: The World Bank, 2016

3.2.3 Significance of the Saudi Context for Talent Management Research

TM is a critical component of employment practice that ensures a thriving economy in Saudi Arabia (Al Ruwaili et al., 2013). This is supported by Hilal (2012) who claimed that it is necessary to implement TM in order to bridge the gap between current and desired performance in the Arab business environment. The importance of TM can never be over emphasised; from the definition, it is further illustrated to be 'a systematic and integrated process designed to recruit, attract and retain potential organisational leaders and key employees (Kock & Burke, 2008, p. 462). Moreover, it has been argued that organisations start to give more opportunities to TM practices to ensure better organisational output. McDonnell and Collings (2011) linked talent to the organisation's output, and they stressed their role in organisational success. Thus, TM is primarily concerned with a critical group of core employees who possess unique qualities and the most significant potential, and therefore they are different from the rest of the workforce (Collings & Mellahi, 2009). Today, employees at every level are more important than ever to organisations that hope to raise their competitiveness on both global and local scales (Guthridge et al., 2008).

In light of this, exploring TM should be seen as very significant for ME organisations because of the opportunities and challenges that private and public organisations are facing. Alferaih (2015) further emphasised that there is evidence of the application of TM in tourism sector organisations in Saudi Arabia, which have been effective in managing their success after implementing TM practices. Therefore, it is worth exploring TM in the context of the public healthcare sector in Saudi Arabia and determining TM effects in that sector.

According to the latest Saudi governmental statistics, the Saudi economy is the largest in the Arabian Gulf region, with an annual GDP growth rate of 5.1%. As a result

of its sustained economic growth, Saudi Arabia has become interested in diversifying non-oil income sources by encouraging and supporting entrepreneurs as well as investing in many industries such as entertainment, renewable energy, tourism and other investment sources (Raheem, 2016). As Saudi Arabia has begun to diversify its income streams, there will be a huge need for talent capable of achieving high results and revenues (Raheem, 2016). In this regard, Somaya and Williamson (2011) pointed out that talent with high abilities contribute to increasing the organisation's revenues. As organisations today seek to enhance their performance and revenues, McDonnell and Collings (2011) have argued, it is not enough to link the performance objectives to the overall organisation's objectives, but there is a need to identify and evaluate talents against the competencies required in their current role. Therefore, TM is essential to manage this HR effectively to achieve the overall objectives through talent. Scullion et al. (2010) asserted that effective TM requires employers to be responsive to the concerns of the workforce and work with them as partners to successfully achieve business objectives.

Since 2015, Saudi Arabia has gone through a huge transformation phase after launching Saudi Vision 2030. This vision focuses on many aspects, and HR is one of these aspects. The Saudi Vision has highlighted the importance of highly qualified employees as an important asset. In many cases, talents per se were mentioned in the text describing the Vision and, in some cases, high-competence employees. Therefore, organisations are increasingly restructuring their strategies by developing their practices towards talents in the organisation (Scullion et al., 2010). Given the significant TM practices being undertaken by organisations to explore, recruit, develop, retain and engage talents who can enhance the organisation's overall performance, this shows that it is an appropriate time to take the opportunity to continue researching in this field in the Saudi healthcare sector.

3.2.4 Saudi Culture

In regard to the Saudi tribal system, the most prominent events of the year for Muslims are the holy month of Ramadan, religious holidays and the pilgrimage period (*Hajj*). Ramadan is the month that Muslims fast from dawn to dusk, and it is followed by *Eid-Al-Fitr*. The Hajj season is another important event for Muslims, where millions of Muslim pilgrims come to Makkah from across the world, and it concludes with the *Eid-Al-Adha*. The Saudi Arabia government serves pilgrims annually and provides them with free healthcare services in addition to many free facilities and services. In fact, the annual number of pilgrims is more than one million over the short amount of time dedicated to the Hajj, which is five days. Moreover, the Saudi government has a goal of providing one of the best healthcare services in the world to pilgrims. Therefore, they will need the best doctors who are qualified and talented. Thus, Vision 2030 has launched thirteen qualitative programmes to achieve vision initiatives, one of which is the Human Capacity Development Program. This programme aims to improve the outputs of education and training in a way that meets the needs of development and the accelerated and renewable labour market. Based on the Islamic foundation, the programme will introduce new educational and training policies and systems that enhance the efficiency of HC in line with Vision 2030 to provide high standards of health services to pilgrims. In this case, the role of TM has emerged as an important aspect of Saudi culture. In 2014, the number of deaths amongst pilgrims was 758, and this number decreased significantly in 2018, when it reached 621. Furthermore, the capacity of the hospitals during the Hajj season has increased from 400,430 in 2014 to 586,587 in 2018, due to the increasing number of trained health staff (see Table 3.3).

Table 3. 3: number of pilgrims, death and outpatients visit

	2014	2015	2016	2017	2018
Number of pilgrims	2,085,238	1,952,817	1,862,909	2,352,122	2,371,675
Death among pilgrims	758	3961	643	1348	621
Outpatients visits	400430	426,956	499,436	505,814	586,587

Source (MOH, 2018)

3.3 Saudi healthcare sector Background

Before 1925, there was a paucity of healthcare resources in the KSA, and the infrastructure was relatively weak. In the early 1900s, only three small-sized private hospitals existed in Mecca: Al-Juad Hospital, Al-Kaban Hospital and Al-Shareef Hospital (Almalki et al., 2011). Things started to change in terms of health services in 1925 when King Abdulaziz, the founder of modern Saudi Arabia, issued a decree to launch the country's health department. Before then, Saudi Arabia was a poor and underdeveloped country, with just a few clinics in the larger cities (Mufti, 2000). In 1951, the Saudi MOH was established by a royal decree (Al-Rabeeah, 2003). Article 31 of the Saudi Constitution states that the Saudi government is responsible for providing free healthcare services to all citizens. By 1950, the number of hospital beds in the healthcare sector had reached 1,000, with 111 physicians (MOH, 2017). In 1978, the MOH announced that primary healthcare (PHC) reforms would also adopt the PHC Alma-Ata Declaration of 1978 to expand healthcare delivery across the KSA (Walston et al., 2008). In addition, the healthcare sector was one of the primary beneficiaries of public spending during the oil boom of 2003–2013. This was noted through an increase in healthcare spending of an average of 9.6% per year over the decade, reaching around SAR 84.4 billion in 2013 (MOH, 2014).

3.3.1 The structure of the Saudi healthcare sector

The MOH is responsible for managing the Saudi health system, including strategic and administrative planning, and forming new healthcare policies, as well as monitoring health services in the private sector (AL-Yousuf et al., 2002). It is also responsible for advising the private sector on ways to achieve the government's health objectives (Mufti, 2000). Thus, the MOH has greatly influenced the decision-making procedures at a national level in the Saudi healthcare system (Mufti, 2000). However, three different providers supply Saudi healthcare services: the MOH, which provides services through hospitals and primary healthcare centres, other government entities and private healthcare institutions regulated by the MOH (Al-Malki et al., 2011).

By 2018, the KSA had 494 hospitals with an increment of 2% in comparison with their number in 2017 (MOH, 2019). There are 20 autonomous health regions, each led by a Regional Director of Health Services, who is directly responsible to the Deputy Minister of Health for Executive Affairs (Al-Yousuf et al., 2002). Although the MOH sets the policy guidelines to be followed at a national level, the regions 'enjoy autonomy in the day to day running of health affairs' (Mufti, 2000). The role of the Regional Directors of Health Services in the 20 regions is to implement the policies, plans and programmes of the MOH; manage and support MOH health services; supervise and organise private sector services; coordinate with other government agencies; and coordinate with other relevant bodies (AL-Yousuf et al., 2002).

A. Public hospitals:

According to the Saudi Constitution, the government provides all citizens and expatriates working within the public sector with full and free access to all public healthcare services (Mufti, 2000). The MOH is the primary government provider and financier of healthcare services to the public hospitals in Saudi Arabia. Public hospitals comprise 60% of the total health services in Saudi Arabia. The statistical yearbook by the MOH in 2018

demonstrated that the total number of hospitals in the MOH was 284 hospitals (see Table 3.4). Also, in regard to the available workforce in the MOH hospitals, the total number of physicians (including dentists) working in MOH hospitals was stated as 49,708; Saudis formed (40.7%) of the total physicians. While the total number of pharmacists was 4,006; Saudis constituted 93.4% of them. The total number of nurses was 105,473 nurses; Saudis represented 59.4% of them. Furthermore, the total number of allied health personnel was 69,530; Saudis constituted 94.2% of them (MOH, 2018). This reflects the increasing number of all health staff in the Saudi healthcare sector, which shows that the MOH has been following the Vision 2030 strategy successfully that aims mainly to increase the number of qualified medical staff (See Table 3.4). Furthermore, according to the MOH annual report, from 2014 and 2018, the Saudi MOH and other governmental hospitals witnessed a noticeable increase in the number of health staff.

Table 3. 4: the trend of health staff employment in the MOH and other governmental hospitals

		2014	2015	2016	2017	2018
Ministry of health	Physicians	35101	37676	39180	42609	45571
	Dentists	3357	3564	3588	3996	4137
	Total	38458	41240	42768	46605	49708
	nurses	91854	95379	101256	103990	105473
	pharmacists	2914	3184	3525	3853	4006
	Allied health personnel	53077	55080	57474	59646	69530
Other governmental sector	Physicians	13229	15135	15879	16346	18155
	Dentists	1099	1284	1327	1283	1431
	nurses	31712	35119	36927	35808	35697
	pharmacists	2061	2132	2285	2304	2652
	Allied health personnel	23407	27647	29871	30214	30857

Source (MOH, 2018)

As this research focuses on the MOH hospitals in the three main urban regions in this study, it is also important to specify the availability of doctors in each job title (resident, registrar and consultant) to identify the availability of employees in the three regions; however, the data is not shown in the MOH annual report for the rural areas in this study. See Table 3.5

Table 3. 5: shows the number of doctors in Riyadh City.

Riyadh	resident	registrar	consultant	total
G.P	183	2	1	186
Dentistry	372	117	102	591
General surgery	478	198	87	763
orthopedics	105	131	43	279
Cardiothoracic surgery	5	5	24	34
neurosurgery	32	28	61	121
E.T.N	35	58	32	125
CARDIOLOGY	21	33	57	111
Family medicen	461	64	37	562
emergency	293	76	64	433
Intensive care	114	56	60	230
nephrology	67	48	24	139
Pediatric surgery	14	30	27	71
oncology	0	3	6	9

Source (MOH, 2018)

Table 3. 6: shows the number of doctors in Tabouk City

TABOUK	resident	regestrar	consultant	total
G.P	169	0	0	169
Dentistry	64	17	4	85
General surgery	41	48	17	106
orthopedics	14	25	3	42
Cardiothoracic surgery	0	0	2	2
neurosurgery	0	9	6	15
E.T.N	0	13	5	18
CARDIOLOGY	2	9	4	15
Family medicen	86	13	1	100
emergency	100	9	2	111
Intensive care	44	17	4	65
nephrology	7	8	2	17
Pediatric surgery	2	2	3	7
oncology	0	0	1	1

Source (MOH, 2018)

Table 3. 7: shows the number of doctors in Makkah City

Makkah	resident	regestrar	consultant	total
G.P	113	1	0	114
Dentistry	59	42	35	136
General surgery	99	67	24	190
orthopedics	14	34	19	67
Cardiothoracic surgery	0	13	11	24
neurosurgery	10	16	12	38
E.T.N	7	16	7	30
CARDIOLOGY	10	57	21	88
Family medicen	67	7	9	83
emergency	132	47	9	188
Intensive care	125	63	17	205
nephrology	14	28	6	48
Pediatric surgery	8	6	9	23
oncology	4	33	21	58

Source (MOH,2018)

B. Other governmental hospitals:

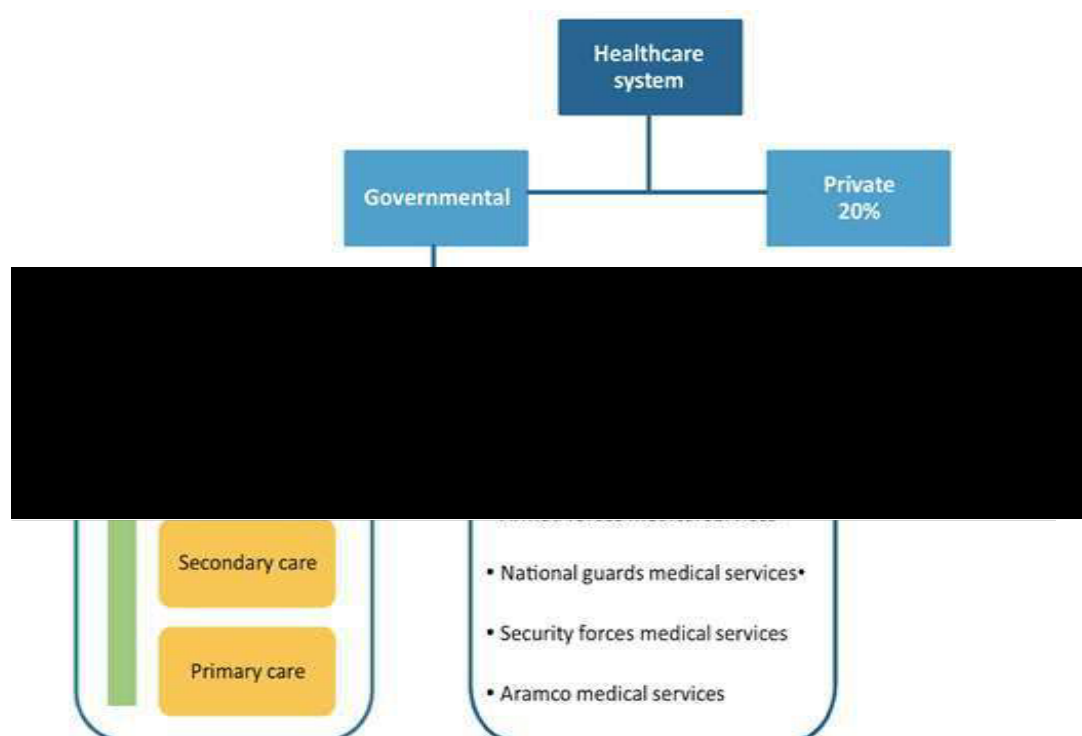
The MOH regulates the other government entities, military hospitals, and the funding of these government hospitals through the military services sector (Almalki et al., 2011). The total number of other governmental hospitals in Saudi Arabia is 47 hospitals, which represents 20% of the total number of Saudi hospitals (MOH, 2019).

C. Private hospitals:

The MOH also regulates private hospitals in Saudi Arabia (Almalki et al., 2011). Employees in private organisations receive treatment in private hospitals through a health

insurance programme supervised by the MOH through the Cooperative Health Insurance Board (Mufti, 2000). The total number of private hospitals in the Kingdom 163, which represents 20% of the total number of Saudi hospitals (MOH, 2019). The Saudi MOH statistical report stated that Riyadh and Jeddah have the most significant number of private sector hospitals (50.6% of all hospitals). Riyadh has the highest number 41 hospitals, followed by Jeddah with 40 hospitals, Makkah with 18 hospitals and Tabouk with 15 hospitals. In terms of the workforce in the private sector, statistics show that the total number of physicians (including dentists) working in the private sector is 35,481 physicians, and the total number of pharmacists working in the private hospitals is 22,467; in addition, the total number of nurses in the private sector is 43,395 nurses, and the total number of allied health personnel is 23,925 (MOH, 2019).

Figure 3. 2: the structure of the Saudi healthcare system.



Source: (Khalil, 2018)

Table 3. 8: shows hospitals in KSA Health sector by regions.

	MOH	Other Governmental Sector	Private Sector	Total
region	HOSPITALS	HOSPITALS	HOSPITALS	HOSPITALS
Riyadh	49	16	41	106
Makkah	10	1	7	18
Jeddah	13	4	40	57
Ta`if	16	5	4	25
Medinah	19	3	12	34
Qaseem	19	0	4	23
Eastern	20	8	23	51
Al -Ahsa	10	1	6	17
Hafr Al-Baten	7	1	2	10
Aseer	20	2	12	34
Bishah	7	0	0	7
Tabouk	12	2	1	15
Ha`il	13	0	3	16
Northern	10	0	0	10
Jazan	21	1	3	25
Najran	10	3	3	16
Al-Bahah	10	0	2	12
Al-Jouf	9	0	0	9
Qurayyat	4	0	0	4
Qunfudah	5	0	0	5
Total	284	47	163	494

Source (MOH, 2019)

3.3.2 The Saudi Commission for Health Specialties

In 1983, a Royal Order was issued approving the Statute of the Saudi Commission for Health Specialties (SCFHS). SCFHS is responsible for supervising and evaluating training programmes, as well as setting controls and standards for the practice of health professions. SCFHS launched its work through its competent supervisory, executive and specialist boards and committees. To date, the number of adopted programmes exceeds 37 (SCFHS, 2020).

SCFHS has a pivotal role in the Saudi health sector, both public and private hospitals. Its most important objectives are to develop scientific and training programmes of higher specialised post-university education for health disciplines and organisations and supervise the implementation of these as well as continuously evaluating their performance and development. In addition, one of the most important tasks of the SCFHS is to evaluate health practitioners by preparing all necessary procedures for different specialised tests according to the strictest scientific standards. This is to ensure the graduation of medical personnel with distinct knowledge competencies that achieve health security for the community. The SCFHS conducts a number of specialised tests, the most important of which are postgraduate studies and professional practice licence tests (SCFHS, 2020).

3.3.3 The Board of Trustees

The Saudi Health Specialties Authority falls under the Board of Trustees. The Board of Trustees supervises the Authority and is the supreme authority (SCFHS, 2020). The tasks of the Board of Trustees are to achieve the following tasks:

- 1) Implement the objectives of the Health Specialties Authority.
- 2) Approve the Authority's budget.
- 3) Propose amendments to the Commission's regulations.

4) Review regulations and instructions governing health disciplines and professions, including those related to the duties and responsibilities of members of the health professions, and make recommendations for the development of regulations and instructions.

5) Prepare the executive regulations necessary for the statute of the Authority.

3.3.4 Healthcare system levels

The healthcare system has three different levels: primary, secondary and tertiary services (Al-Malki et al., 2011; Mufti, 2000). Primary care services, both preventive and curative, refer cases that require more advanced care to public hospitals (the secondary level of care), while cases that need more complex levels of care are transferred to central or specialised hospitals (the tertiary level of healthcare). According to the General Authority for Statistics in Saudi Arabia (2013), the MOH has 268 hospitals and 2,259 primary care centres that provide services to more than 27 million citizens and residents through an extensive network of health facilities (MOH, 2017).

A. Primary Care

In 1978, the World Health Organization (WHO) General Assembly issued the Alma-Ata Declaration to identify primary healthcare as a means to attain health for all by the year 2000. In September 1978, the Saudi MOH initiated the Alma-Ata Declaration into its primary healthcare as one of its most important strategies (Al-Ahmadi & Roland, 2005, p. 2). The declaration gained great interest in Saudi Arabia at that time, when the MOH was preparing to open primary healthcare centres across the country. By 2006, 1,925 units had been opened, with a low attendance of 8,727 individuals. Through the MOH's enduring developmental procedures that aimed to improve access to facilities, there was a remarkable improvement in the success in prenatal care, from 67% to 95%, and vaccination programmes, from 83% to 94% (MOH, 2017).

B. Secondary Care

The secondary care level is essential in the organisational pyramid, where patients are commonly admitted to secondary care after they are referred from primary care when they need more special treatment. Indeed, secondary care services are located in Saudi Arabia's hospitals that follow the MOH, which consist of 284 hospitals in total. These secondary care services are managed by regional directors at the district level (MOH, 2019). There has been a significant increase in the construction of hospitals throughout the nation as a result of inflated revenues from crude oil, which aligns with the fact that the wealth gained through oil has contributed to developing healthcare service delivery and the expansion of secondary care services (Raheem, 2016).

C. Tertiary Care

The tertiary care level of healthcare is designed to cope with more severe health issues, as it is provided mainly to patients suffering from serious and more complicated conditions. Patients are referred to as the tertiary level for further management after the initial stage in a general hospital. Tertiary care hospitals are more specialised, employ experienced medical experts and are equipped with the best of latest medical equipment. In Saudi Arabia, there are specialist hospitals for cardiac and renal diseases, otolaryngology and ear, nose and throat (ENT) specialists, as well as hospitals relating to chest ailments and fevers, convalescence, leprosy and rehabilitation. There are also hospitals that are purely psychiatric and specialised hospitals for obstetrics and paediatrics (Jannadi et al., 2008).

3.4 Health Care System reforms

In 1949, the number of doctors in Saudi Arabia was 110, and there were less than 100 hospital beds. Since then, the Saudi healthcare sector has made significant progress in its healthcare services (Sebai et al., 2001). The health sector in Saudi Arabia has undergone considerable development at all levels, and the MOH in particular has seen a considerable

increase in the number of hospitals (e.g. see Table 3.9). The number of MOH hospitals increased from 268 in 2013 to 284 in 2019.

Table 3. 9: MOH Hospitals (2013-2018)

year	2013	2014	2015	2016	2017	2018
number	268	270	274	274	282	284

Source (MOH, 2019)

In addition, the expansion of the healthcare infrastructure has been a significant improvement in healthcare services. This is evidenced by the steady development in both the quantity and quality of healthcare services, which is apparent in the improvement of many health indicators. In fact, the annual statistical book released by the MOH in Saudi Arabia showed that there has been significant progress in the key health indicators (MOH, 2019). For example, the infant mortality rate/1,000 live births was 8 in 2013 and decreased to 7.4 in 2018. The maternal mortality rate/100,000 live births was 17 in 2013 and also decreased to 14.3 in 2018, while the Under 5 Mortality Rate was 9.0 in 2013 and also decreased to 8.5 in 2018 (see Table 3.10).

Table 3. 10: The trend of health indicators in Saudi MOH

indicator	2013	2014	2015	2016	2017	2018
Infant mortality rate/1000 live birth	8	7.4	7.4	4.82	6.3	7.4
Maternal mortality rate/100.000 live birth	17	14	12	12	17	14.3
Under 5 mortality rate/ 1000 live birth	9.0	8.6	8.6	8.5	8.9	8.5

Source (MOH, 2019)

The real transformation in healthcare occurred when oil revenues rose, as the Saudi government then provided more support for healthcare services. In 1970, the Saudi government set out a five-year plan and contributed to developing the infrastructure of the primary healthcare services and hospitals. The government attracted experts from other countries, but there was also a cooperation with universities to establish academic medical programmes and to create a scholarship programme for Saudi students to study abroad (Jannadi et al., 2008). In 2002, the Saudi government launched the National Health Services Council (NHSC) to create a healthcare strategy and policies that regulate work amongst all relevant bodies to improve healthcare services (Al-Rabeeah, 2003). The government funded a huge budget for the healthcare sector to respond to the high demands of its citizens; there was a significant increase spent from 2013 (SAR 54,350,355) to 2019 (SAR 75,403,859) (MOH, 2019). Government expenditure in the health sector is second only to the educational sector, accounting for 18.6% of the total budget.

Table 3. 11: Spending in healthcare sector

Year	2013	2014	2015	2016	2017	2018	2019
Riyals	54,350,355	59,985,360	62,342,539	58,899,190	67,758,793	64,297,264	75,403,859

Source (MOH, 2019)

In regard to health quality, there was a significant development. The beginning was in 1990, when the MOH implemented the Total Quality Management (TQM) approach (Al-bejaidi, 2010). In 2000, the MOH created the General Directorate of Quality Assurance (GDQA) (Naiaz, 2005). This was followed by other efforts in the Makkah

region (one of the major regions of Saudi Arabia), as they created standards for quality assurance, known as the Makkah Regional Quality Programme (MRQP) (Al-bejaidi, 2010). In 2006, the MOH established an accreditation body named the Central Board of Accreditation for Healthcare Institutes (CBAHI). This body was established mainly to evaluate the performance and implementation of quality assurance standards in both public and private hospitals (Al-bejaidi, 2010). The following table shows the hospitals that are accredited by CBAHI and the first hospital that was accredited in 2016, which is after the launch of the MOH's Saudi Vision 2030. According to CBAHI reports (2015), the criteria depend on many aspects related to the quality of healthcare services, and focuses on capable HR as one of these aspects. The CBAHI focuses on its criteria for the availability of leaders and medical staff (CBAHI, 2016).

Table 3. 12: shows CBAHI (Saudi Central Board for Accreditation OF Healthcare Institutions) Accredited MOH Hospitals by the end of 2018.

region	Hospital name	Date of accreditation
Riyadh	Prince Mohammad Bin Abdulaziz Hospital	2016
	King Salman Hospital	2017
	King Saud Medical City	2017
	Shagra General Hospital	2018
	King Khalid Eye Specialist Hospital	2018
	Security Force Hospital	2017
	King Khalid University Hospital	2018
	King Abdullah Bin Abdulaziz University Hospital	2018
	King Abdulaziz University Hospital	2018
	Central Security Hospital in Haair Prison	2018
	King Abdulaziz Medical City	2018
Makkah	Herra General Hospital	2017
	Maternity & Children Hospital	2017
	KAMC	2017
	AL-Noor Specialized Hospital	2017
	King Faisal Hospital	2018
	Security Force Hospital	2017
Tabouk	Hakel General Hospital	2017

Source (MOH, 2018).

3.4.1 The MOH reform challenges

According to WHO (2000), a health system should have three intrinsic goals. The first goal is health status; it concerns the population's average level of health and inequalities in the distribution of good health amongst the population. The second goal is responsiveness, which denotes the ability of a health system to conform to a population's

legitimate expectations, which proceeds from the intention to ensure citizen satisfaction (Murray & Frenk, 2000). The third goal is to establish fairness in terms of financial contribution (Murray & Frenk, 2000).

The kingdom's Vision 2030 seeks to achieve three broad objectives: a vibrant society, a prosperous economy and an ambitious homeland. Based on these three objectives, the Saudi MOH launched the National Transformation Program 2020, which was developed to meet the challenges faced by the MOH. The programme is an executive programme designed to contribute to the realisation of the Saudi Vision 2030 and to determine the challenges facing the health sector. According to the MOH report of transformation strategies, there are three proposed goals of the transformation, which conform to the Vision 2030 strategic objectives for health: access, value and public health.

According to the MOH National Transformation Program report, the Transformation Program aims to build the capabilities needed to achieve the goals of Vision 2030. The report also highlighted the main challenges facing the healthcare sector, of which there are five. The first, which is the most important challenge for the researcher in this thesis, is the challenge faced by the healthcare sector in the workforce. As there are significant gaps in workforce capacity and capability, specifically about Saudi employees, the health system also currently lacks the ability to manage resources, and there is a need to enhance activity levels, quality and efficiency of the workforce. The MOH report also highlighted the need to build a learning health system to create a competitive advantage through employees knowledge and abilities. The second challenge is financing and expenditure due to the rapid increase in the cost of healthcare at a time when the Saudi government is facing growing economic challenges. The third challenge is changing patterns of diseases due to the seriousness of epidemics and infectious diseases as in all countries of the world. The fourth challenge is accessibility to healthcare services, as the

health sector faces a challenge in the ability to provide the necessary health service at the right time and place. Finally, the fifth challenge is healthcare service provision during the Hajj and Umrah seasons.

In regard to the health workforce challenges, the Saudi healthcare system is facing a challenge due to the scarcity of qualified local healthcare professionals, such as physicians, nurses and pharmacists. The majority of health personnel are expatriates, and this leads to a high rate of turnover and instability in the workforce (Almalki et al., 2011). According to the MOH annual statistical book, 68% of nurses employed in Saudi hospitals are expatriates. Also, about 59.3% of doctors are non-Saudi (MOH, 2017). This represents one of the main TM challenges in the Saudi healthcare sector, which is the scarcity of highly qualified doctors. In addition, the lack of medical and nursing schools and training institutions in Saudi Arabia is another challenge to the MOH. This underlines the weakness in ongoing training for some specialities.

The ability to formulate and apply practical strategies to develop, retain and attract more Saudis into the medical and health professions, particularly nursing, is a clear priority for effective reform of the Saudi healthcare system. Many efforts have been made by the government to teach and train Saudis for health professional jobs. Since 1958, several medical, nursing and health schools have been opened around the nation to meet this goal (Mufti, 2000). Apart from private colleges and institutes, there are a total of 73 colleges for medicine, health and nursing as well as four health institutes in Saudi Arabia (MOH, 2017). Efforts to establish such colleges are in accordance with training programmes that aim to substitute the largely expatriate workforce with qualified Saudi Arabian nationals in all sectors, including health (Almalki et al., 2011). In addition, the budget allocation for training and scholarships has increased, and many MOH employees are offered an opportunity to pursue their studies abroad. This strategy could improve the skills of current employees, raise the quality of healthcare and, it is hoped, decrease the rate of turnover

amongst health professionals. This will impact TM's effectiveness in recruiting and retaining new highly qualified employees.

The second challenge for the MOH is the high demand for health services. Here, the main MOH concern is to reorganise and develop the regulations and policies in terms of provided health services to reduce the cost. The Saudi healthcare sector faces a high demand for health services, where the community awareness of diseases has contributed to the increased demand for periodic medical screening services, the lower infant death rate, the higher age average, the accelerated population growth, early detection of diseases etc. (WHO, 2015). The high demand for health services is one of the challenges faced by the health sector, as it causes increased costs for the government, where almost 80% of healthcare expenditure relies on government funding (Al-Shehri, 2008). The remaining health financing is derived from personal spending and health insurance for employees in the private sector. However, as Almalki et al. (2011) argued, because the public health sector is financed, operated, controlled, supervised and managed by the MOH, this may affect the quality of services provided in the future unless planned actions are taken to separate multiple roles. The MOH is aware of the importance of this step; therefore, part of the initiatives of the transformation plans is that the regional directorates will be given more authority and have also begun to develop regulations and policies to implement the cooperative insurance system, which will be announced before 2030 (MOH, 2017).

The third challenge concerns access to health services. The large size of Saudi Arabia and the difficulty in covering remote areas is another challenge to the healthcare service (Saudi Vision, 2019). According to the WHO (2017), around 18% of the population in the KSA lives in rural settings. Thus, Almalki et al. (2011) argued that there is a maldistribution of healthcare services and health professionals across geographical areas, as patients experience long waiting lists for many healthcare services and facilities.

In addition, in these rural areas, the medical staff suffer from difficulties in finding schools with an acceptable level of education for their children, which makes employees refuse to work in these areas (Almalki et al., 2011). The change in disease patterns from communicable to noncommunicable diseases in Saudi Arabia is another challenge to the MOH (Jannadi et al., 2008). According to the WHO, Saudi Arabia has experienced an increase in the prevalence of chronic diseases, such as diabetes, hypertension, heart diseases, cancer, genetic blood disorders and childhood obesity. Almalki et al. (2011) claimed that the treatment of chronic diseases is costly and may even be ineffective. For example, the annual cost for the treatment of diabetes mellitus in Saudi Arabia was estimated to be 7 billion Saudi riyals (SAR) (US\$1.87 billion) (MOH, 2017). In light of this, the MOH is seeking to face this challenge through the National Transformation Plan initiatives by focusing on early prevention to reduce the prevalence of chronic diseases and the costs and difficulties associated with treatment in the later stages of these diseases.

Healthcare service provision during the Hajj and Umrah seasons in Saudi Arabia represents another serious issue for the MOH (Walston et al., 2008). The KSA hosts millions of pilgrims each year for whom the delivery of all the necessary preventive and curative health services is the responsibility of the MOH. The total number of pilgrims to the area in 2017 was 2,352,122, and 74.5% of them were from outside Saudi Arabia (MOH, 2017). Hosting such an event is a major undertaking that requires a planned and organised effort from the MOH to provide the best health services (Almalki et al., 2011). However, the huge budget is not the only challenge, but to provide an integrated medical team to face the great pressure in this season is another bigger challenge.

3.4.2 The new strategy for health care services

The Saudi strategies for health reform follow the WHO Development of the Global Strategy and are informed by a process launched in late 2013 by the Member States and

constituencies represented on the Board of the Global Health Workforce Alliance, a hosted partnership within the WHO. Over 200 experts from all WHO regions contributed to consolidating the evidence around a comprehensive health labour market framework for universal health coverage (UHC) (WHO, 2016). The Global Strategy on Human Resources for Health outlines policy options for the WHO Member States, responsibilities of the WHO Secretariat and recommendations for other stakeholders in respect to four objectives as follows: the first objective is to optimise the health workforce to accelerate progress towards UHC and the sustainable development goals SDGs; the second objective is to understand and prepare for future needs of health systems, harnessing the rising demand in health labour markets to maximise job creation and economic growth; the third objective is to build the institutional capacity to implement this agenda; and the fourth objective is to strengthen data on HRH for monitoring and ensuring accountability of implementation of both national strategies and the Global Strategy itself (WHO, 2016).

To meet the challenges of the Saudi healthcare system and to improve the quality of healthcare services, the MOH has set a national strategy for healthcare services. This national strategy has been announced by the MOH in order to reach the Saudi Vision 2030 goals for the healthcare sector. The Council of Health Services supervises the implementation of the vision, and a twenty-year time frame for achieving the objectives of this strategy has been identified (MOH, 2011). The MOH has announced that the Saudi transformation programmes for the healthcare sector consist of four strategic objectives. The first strategic objective is to facilitate access to health services. Through this goal, the MOH seeks to promote access to healthcare services for patients across three components. The first element is the overall sufficient capacity in terms of increasing the number of medical staff. To achieve this element, the MOH has allocated a budget for the development programmes for current medical staff to study abroad. In this regard, according to the annual report of the MOH, the total number of scholarships reached 1,711

employees. This strategy is consistent with the WHO vision that by 2030 all communities have universal access to health workers, and this requires combining the adoption of effective health workforce development policies at national, regional and global levels with adequate investment in employees' knowledge and learning to address unmet needs (WHO, 2016). Furthermore, the MOH, along with the Ministry of Education, has worked to increase the number of medical schools in Saudi Arabia. This initiative aims mainly to increase the number of graduates from medical and nursing schools. This Saudi health reform strategy has been adopted to achieve the WHO strategy of adopting transformative strategies in the scale-up of health worker education. According to the WHO report, this strategy can be achieved through developing education standards, and funding should be established and monitored in national policies:

...radical improvements in the quality of the workforce are possible if the higher education and health sector collaborate by implementing a transformative education agenda grounded in competency-based learning. This approach should equip health workers with skills to work collaboratively in interprofessional teams, with the knowledge to intervene effectively on social determinants of health and expertise in public health. (WHO, 2016, p. 12)

Prioritising should also focus on orienting curricula in a way that balances supply and demand, and on producing professionals capable of meeting local needs (WHO, 2016).

After achieving an increase in the number of medical staff, the second element of this strategic objective has to be considered. The second element aims to achieve an appropriate geographical distribution of medical staff across the country. Almalki et al. (2011) argued that there is a maldistribution of healthcare services and health professionals across geographical areas, which causes a maldistribution of healthcare services and health professionals across geographical areas in Saudi Arabia. According to the WHO report,

one of the main strategies that health sectors globally should implement is optimising equitable distribution between regions and rural areas in each country (WHO, 2016). This strategy is designed to face the problem of geographical maldistribution; in the majority of countries, access to health workers remains inequitable. According to the WHO report, to solve this challenge, governments should implement an integrated package of attraction and retention policies that include job security, a manageable workload, supportive supervision and organisational management, continuing education and professional development opportunities, enhanced career development pathways (including rotation schemes where appropriate), family and lifestyle incentives, hardship allowances, housing and education allowances and grants, adequate facilities and working tools (WHO, 2016). The third component for this strategic goal is aimed at patients receiving the right medical services at the right time without delay. This element is connected mainly with the first and second elements for this strategic goal (MOH, 2017).

The second strategic goal is to improve the quality and efficiency of medical services. To achieve this strategic goal, the MOH is focusing on maximising the quality of healthcare services provided with total cost control by minimising medical errors, the effectiveness of clinical outcomes and improving patients' experience (see Table 4.15). For example, in Riyadh city, the medical errors was 474 in 2013 and it reduced to 47 only. This reflect the massive improvement in the quality of health care services. This goal focuses mainly on the outcome of medical services by minimising the cost (MOH, 2017). This strategic goal is to achieve the WHO strategy that aims to ensure the effective use of available resources. Globally, 20–40% of all health spending is wasted due to health workforce inefficiencies. Accountability systems should be put in place to improve the efficiency of health and HRH spending, in addition to measures such as continuous development programmes to improve employees' performance and improve patients' health outcomes. To achieve this strategic goal, the Saudi MOH adopted HR development

as one of the national transformation initiatives aimed at increasing the number of Saudi healthcare trainees and improving the quality of training. The MOH has made this major effort with a focus on increasing the total number of training seats for doctors and nurses. These steps have been taken to solve the problem of scarcity of trained competencies (MOH, 2019). According to the annual report by the MOH, the total number of scholarships for the year 2017 was 1,711; of these, 48% were for physicians, 28% were for nurses, and the remaining 5% were in administrative jobs. This number increased significantly in 2018 to total 1,837; 80% were for physicians, 20% were for nurses, and the remaining 0% were in the administrative jobs (MOH, 2018) (See Table 3.13).

Table 3. 13: scholarships in 2017- 2018 by country and degree

2017								
country	Bachelor	Diploma	Master	PhD	fellowship	Specialised fellowship	Training	Total 2017
United kingdom	144	-	323	2	1	93	8	571
Australia	196	2	170	-	-	16	-	384
Germany	7	-	6	285	1	4	1	304
USA	86	-	42	10	3	14	23	178
Canada	2	-	3	23	15	-	36	79
Korea	-	-	1	27	9	-	13	50
France	-	-	4	42	2	-	1	49
Italy	-	-	7	5	2	1	4	19
Netherland	-	-	15	2	-	1	-	18
Other country	2	-	19	16	3	7	12	59
total	437	2	590	412	36	136	89	1711

2018								
country	Bachelor	Diploma	Master	PhD	fellowship	Specialised fellowship	Training	Total 2018
United kingdom	117	0	249	80	1	1	7	690
Australia	149	0	114	11	0	0	0	481
Germany	0	-	0	1	191	9	0	201
USA	69	0	30	11	2	10	5	245
Canada	0	-	2	0	4	23	31	60
Korea	-	-	1	0	22	16	0	39
France	1	-	0	0	29	7	1	38
Italy	-	-	0	0	0	2	2	4
Netherland	0	0	0	1	0	0	-	1
Other country	2	-	19	16	3	7	12	81
total	437	2	590	412	36	136	89	1837

Source (MOH, 2018)

Moreover, in order to face one of the main challenges of the Saudi MOH, which is the lack of local medical training programmes, there were steps taken by the MOH to accredit more medical programmes through the SCFHS. The SCFHS has accredited more medical programmes (fellowship and board) from 2013 to 2020, and there has been an increase in the number of trainers in the local programmes. This is helping the Saudi MOH to create continuous development programmes and at the same time reduce the high cost of scholarships abroad for the medical staff (See Table 3.14).

Table 3. 14: The number of the Saudi fellowship and board programs

Year	2013	2014	2015	2016	2017	2018	2019	2020
Number of accredited medical programmes (fellow and board)	189	226	213	243	358	430	493	552
Number of trainers	5,405	6,050	7,526	8,450	8,718	9,213	9,509	1,050

(SCFHS, 2020)

Table 3. 15: The number of Medical errors by regions

	2015	2016	2017	2018
Riyadh	474	651	102	47
Makkah	105	144	75	15
Tabouk	87	79	51	3

Source (MOH, 2018)

The third strategic goal is strengthening prevention against health risks (public health system and health crisis management) through developing health staff capabilities. The third strategic goal includes two key elements: first, promote general preventive health by raising patients awareness to reduce infectious and non-infectious diseases; and second, dealing with health crises, including dealing with epidemics (MOH, 2017). The MOH is working on the development and implementation of several plans and strategies in the short, medium and long term aimed at reducing the rates of disease and mortality due to infectious diseases. This strategic goal is consistent with the WHO strategic goal that aims to strengthen the capacities of the domestic health workforce in emergency and disaster risk management for greater resilience and healthcare response capacity (WHO, 2016).

The WHO also stressed the importance of providing resources, training and equipment for the health workforce and including them in policy by governments and implementation of operations for emergencies at local, national and international levels (WHO, 2016).

The focus by the MOH on non-communicable diseases is related to the Saudi population rates and health indicators. For example, the age group from 20 and 39 years is very important for future healthcare planning, as it is common for people in that age group to develop chronic diseases: cardiovascular problems, irritable bowel syndrome, chronic obstructive pulmonary disease and various types of cancer. These have a long-term impact on the demand for healthcare. With 12 million people in this age group, there is considerable demand not only for curative but also for preventative facilities. Therefore, there is a huge focus on reducing the cost paid by the MOH for treating these diseases because if there is no early awareness, the cost will be higher in the future. See Table 3.16.

Table 3. 16: Saudi top 10 causes of death (2018)

Causes of death	rank	death
Coronary heart diseases	1	80,235
stroke	2	38,750
Road traffic accident	3	25,536
Influenza and pneumonia	4	22,986
Kidney diseases	5	19,140
Alzheimer's diseases	6	18,500
Congenital anomalies	7	11,279
Low birth weight	8	7,905
Diabetes mellitus	9	7,720
Liver diseases	10	6,775

Source: (MOH, 2018)

Based on the third strategic plan, the MOH is continuously following up on all epidemiological developments of infectious diseases locally, regionally and globally. This is done through the continuous updating of the reporting and epidemiological surveillance forms. The most important achievement for this strategic goal is the overall immunisation coverage for many communicable diseases across the kingdom. For example, the MOH announced that Maltese fever, a seasonal flu, has been controlled and viral liver diseases have also been eliminated. According to the annual report by the MOH, in 2017, the incidence of viral hepatitis B and C had been reduced to 5% per year through increased immunisation coverage. The ministry also worked to eliminate schistosomiasis by 100%. Amongst the infectious diseases that have been addressed is the coronavirus known as the Middle East Respiratory Syndrome. Other infectious diseases have been announced by the Saudi MOH that are being followed up permanently to control all infectious diseases (MOH, 2017). Therefore, the most important achievement for this strategic goal is the overall immunisation coverage for Diphtheria, Measles, rubella, mumps, Hepatitis B and Poliomyelitis across the Kingdom increased to 98% (see Table 3.17).

Table 3. 17: health indicator.

The diseases	2013	2014	2015	2016	2017	Percentage of immunisation coverage
Diphtheria	0.03	0.01	0.013	0.006	0	98%
Measles	1.01	0.84	0.5	0.69	1.4	98%
rubella	0.22	0.07	0.02	0.18	0.19	96%
mumps	0.12	0.06	0.01	0.04	0.14	96%
Hepatitis B	14.2	14.05	11.06	13.63	20.18	96%
Poliomyelitis	0	0	0	0	0	100%

Source (MOH, 2019)

The fourth and final strategic objective is to enhance traffic safety by working to educate the community to reduce the number of traffic deaths, in addition to reducing injuries and accidents (MOH, 2017). It has been noticed that death caused by road traffic in Saudi Arabia accounts for about 4.7% of total deaths. However, in the UK, the US and Australia, such fatalities do not exceed 1.7% (Khalil et al., 2018). Similarly, Alghnam et al. (2014) determined that Saudi Arabia has the highest traffic death rate compared with other countries with high incomes, where it is one of the main causes of death amongst 16–30-year-old males in Saudi Arabia (Alghnam et al., 2014). See Table 3.18.

Table 3. 18: number of road accident, death and injuries.

YEAR	2017	2018
Number of road accident	17,632	13,221
Number of deaths	2,331	1,560
Number of injurs	14,481	10,755
total	34,444	25,536

Source: the Saudi General Authority Statistics in (2018)

3.4.3 Health reforms vision 2030

The United Nations Development Programme established the 2030 agenda for sustainable development and set the stage for innovative approaches to tackling inequities in health (UN, 2015). Public authorities and civil society are encouraged to adapt the aspirational and ambitious, equity-focused vision of the agenda and its SDGs to local and national health priorities (Fortune et al., 2018). In response, the WHO (2017) has established six lines of action to approach the breadth of the health-related SDGs as follows: 1) intersectoral action by multiple stakeholders; 2) health systems strengthening for universal

health coverage; 3) respect for equity and human rights; 4) sustainable financing; 5) scientific research and innovation; and 6) monitoring and evaluation.

The WHO established a global policy to address workforce challenges for health sectors to be able to have a skilled and effective health sector workforce that could match identified priorities and be aligned with population needs (Turner, 2018). At the WHO 69th Assembly, the WHO laid out its vision for the shape and constitution of the global healthcare workforce for 2030, mentioning that health systems could function only with improving health service coverage and the availability, accessibility and quality of a health workforce. In this context, the availability of health workers would not be sufficient unless they were fairly distributed amongst regions and rural areas, had the required competence, were motivated to deliver high-quality care services, had a supportive well-resourced health system and were accessible by the population (WHO, 2016).

The Global Strategy on Human Resources for Health: Workforce 2030 was primarily aimed at policy makers of WHO Member States. The policy makers addressed issues that were of global importance, such as difficulties in the education, deployment, retention and performance of health sector workforces that would be critical in the achievement of the priorities identified in the post-2015 agenda for sustainable development. However, they found that this would be difficult to achieve without concerted action because of shortages, both qualitative and quantitative, skill-mix imbalances, what the WHO refers to as the 'maldistribution' of health workers and the inefficient use of resources. Incomplete data and the lack of updated workforce data compounded these issues. Also, there was the observation that investment in health workforces was lower than assumed, which affected the sustainability of the workforce and healthcare systems (WHO 2016). Therefore, the WHO stressed that health sector organisations should:

...reappraise the effectiveness of past strategies and adopt a paradigm shift in how to plan, educate, deploy, manage, and reward health workers. Transformative advances alongside a more effective use of existing health workers are both needed and possible through the adoption of inclusive models of care encompassing promotive, preventive, curative, rehabilitative and palliative services; by reorienting health systems towards a collaborative primary care approach built on the team-based care; and by fully harnessing the potential of technological innovation. (WHO, 2016, p. 14)

In addition, it has been claimed that achieving multiple goals would require a skilled, trained and supported health workforce driven not only by 'top-down, generalized global strategies and policy guidelines but by concerted action on the part of frontline providers (Zakumumpa et al., 2016, p. 1). Turner (2018) added that solutions to health challenges would require not only political will backed by resources on the part of decision-makers but also the recognition of the criticality of talented people to that success. At the WHO, a focus on HR for health has already been strengthened, and within this, processes for increasing the quantity and quality of talented health professionals have been started; and at the national level, there is a perceived urgency to deal with balancing the demand for health with a 'match fit' health workforce. In this sense, TM is one possible solution to effective HR at an organisational or health unit level (Turner, 2018).

In 2015, the Saudi government adopted the Saudi Vision 2030 to be a method and a roadmap for economic and development work. The vision has charted the kingdom's general orientation, objectives and commitments to be a successful and pioneering model in the world at all levels through three main axes: a vibrant society, a thriving economy and an ambitious homeland (Saudi Vision 2030, 2019).

The NTP has eight basic goals: improving healthcare, improving living standards and safety, ensuring the sustainability of vital resources, promoting and developing the non-profit sector, achieving excellence in government performance, enabling society groups to enter the labour market and raise its attractiveness, contributing to empowering the private sector and, finally, developing the tourism sector and nationality. Thus, healthcare occupies the first place in the attention of the Saudi government. The first goal (upgrading healthcare) attempts to achieve a vibrant society through a national transformation that seeks to restructure the health sector to become a comprehensive and effective health system. In addition, this seeks to promote public health and the prevention of diseases through the application of the modern healthcare model, which aims to improve the quality of health services and focus on the satisfaction of beneficiaries through the application of and adherence to the best international health standards (Saudi Vision 2030, 2019).

The healthcare sector is a top priority for the government in the KSA, as illustrated by Saudi Vision 2030 and the NTP. The MOH is expected to spend close to USD 71 billion over five years ending in 2020. Also, the healthcare sector in KSA is projected to grow at a compound annual growth rate of 12.3% by 2020 (WHO, 2019). The importance of the healthcare sector lies in the significant rise in population with an increase in those over the age of 60 years, as well as the adoption of mandatory health insurance in the country (MOH, 2017). To increase efficiencies and reduce costs, the government of Saudi Arabia has concentrated on increasing the availability of a skilled workforce in healthcare, which has also emerged as a significant goal. Major efforts have been funded to provide educational and training facilities for doctors, nurses and paramedics through the expansion of new medical colleges (Abdulrahman & Saleh, 2015).

The government of Saudi Arabia announced that, through Saudi Vision 2030, one of its main objectives is to improve the healthcare sector by enhancing the capability,

efficiency and productivity of care and treatment and increasing the options available to citizens. To achieve this goal, the healthcare sector will need to focus on talent. The Vision has focused significantly on talents and has stated the following:

Achieving our desired rate of economic growth will require an environment that attracts talents and the necessary skills and capabilities both from within the Kingdom and beyond our national borders. Our goal is to attract and retain the finest Saudi and foreign minds. Their presence in the Kingdom will contribute to economic development and attract additional foreign investment. (Saudi Vision 2030, 2019, p. 37).

With the aim of achieving the policy goals of Vision 2030, the Saudi cabinet approved the budget for the fiscal year 2019 (FY2019) on 18 December 2018. In an effort to boost economic growth, the Ministry of Finance (MOF) aims to increase the budget expenditure for 2019 by 7% to SAR 1,106 billion, as compared with the projected spending of SAR 1,030 billion for 2018. This is, by far, the largest budgeted spending in the nation's history. In regard to the 2019 budget for healthcare, the MOF announced that the healthcare sector holds the third-largest share of 15.6% in the budget expenditure of 2019. The budget allocation for the sector grew by 8% to reach SAR 172 billion in 2019, as compared with SAR 159 billion in 2018 (MOF, 2019). Public spending on the healthcare sector is largely channelled towards new initiatives, such as increasing life expectancy, reducing obesity and localisation of pharmaceutical manufacturing. The government is also diverting the funds towards creating a robust healthcare infrastructure by building new hospitals. Furthermore, public spending on the healthcare sector is focused on enhancing and appropriately employing the capacity of medical centres and hospitals as well as improving the standards of healthcare services, for example, therapeutic and preventive services (Al-Hanawi et al., 2019). The state has also focused

on financing the healthcare sector to improve the quality and efficiency of healthcare services through the development of competencies (Saudi Vision 2030, 2019).

3.5 Chapter summary

This chapter has explored the research context of Saudi Arabia in general and the healthcare sector reform and challenges. It first described Saudi Arabia's history, its discovery of oil and political evolution, demographics, government structure and economy. It then presented a general picture of the Saudi healthcare sector and introduced the structure of the Saudi healthcare sector. Finally, it linked Saudi healthcare sector challenges with its reform strategies. One of the main challenges of the healthcare sector is the scarcity of highly skilled health staff. This chapter has also outlined Saudi Vision 2030's strategic objectives for health, which are access, value and public health. The next chapter sets out the methodology adopted to collect data in order to explore the effect of TM developments in the healthcare sector in Saudi Arabia. This research adopted a qualitative method.

CHAPTER 4:

METHODOLOGY

4.1 Introduction

After looking at some aspects of the Saudi context and highlighting the Saudi health reforms that were conducted to achieve Vision 2030 vision, this chapter shifts to a discussion of the research methodology adopted for this thesis. This chapter also discusses the research design, and the research methods adopted are explained. The chapter is arranged into eight sections, beginning with looking at the philosophical underpinning embedded in this thesis. The second section presents the research approach for this study. The third section focuses on the study's research strategy. The fourth section presents the research choice for this thesis. The fifth section is concerned with the time horizon for this study. The sixth section examines the techniques and procedures for this thesis. The seventh section deals with the issues of reliability and validity. The last section presents the ethical considerations for this study.

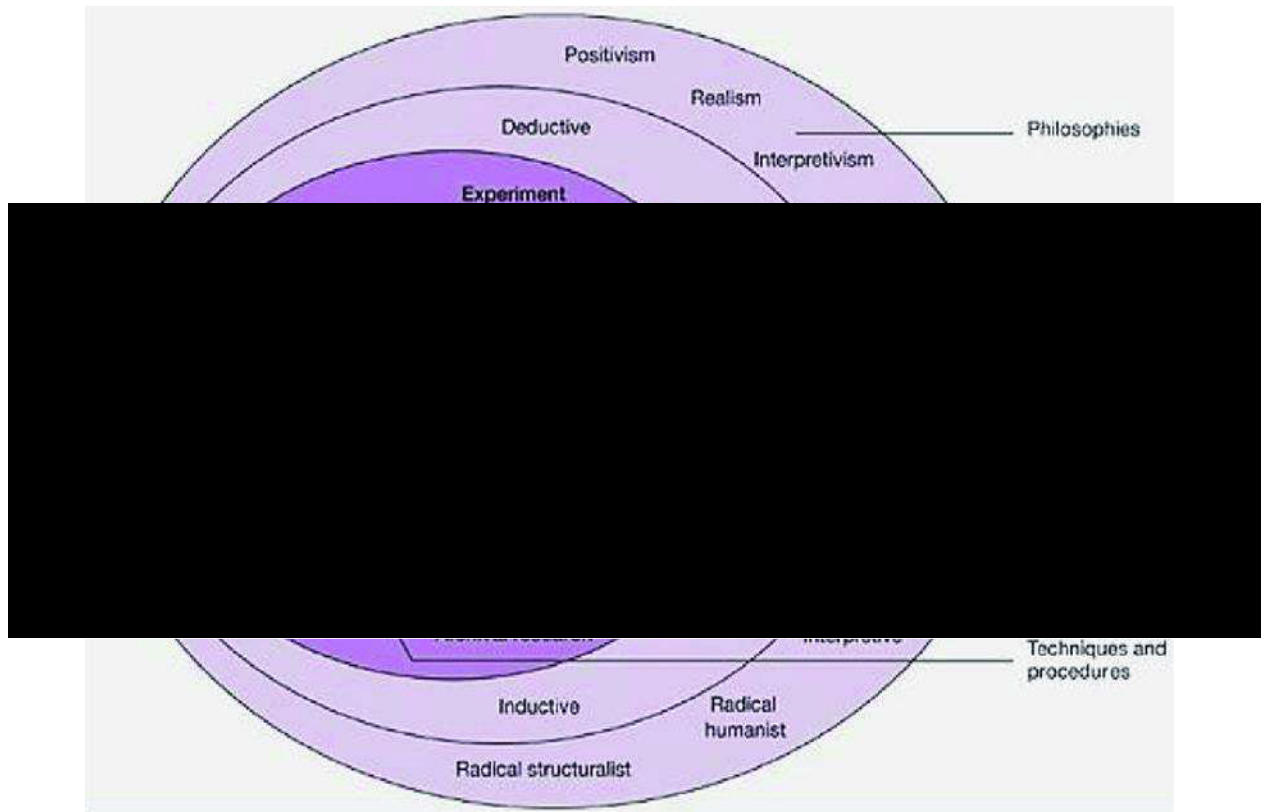
4.2 Research Philosophy

According to Sanders et al. (2009, p. 107) 'research philosophy relates to the development of knowledge and the nature of that knowledge'. It is essential for the researcher to identify and locate their work within the philosophy of research, as this determines what valid knowledge is. The methodology which is adopted dictates the techniques used for data collection, and therefore, in the end, that will define the process of how to develop researcher knowledge (Creswell & Clark, 2007). Saunders et al. (2012) have argued that the philosophical assumptions determine what is the appropriate method is for the

researcher for the purpose of answering the research objectives, whether they employ a quantitative, qualitative or mixed method approach of enquiry. Saunders et al. (2003) stated that there are three main factors that dominate the literature pertaining to research processes: positivism, interpretivism and realism. They note that these three research processes play a critical role in business and management (p. 83). They also further noted that philosophical understanding is paramount when defining the relationship between the theory and data collection. In this regard, Easterby-Smith et al. (2012, p. 17) clarified that philosophical issues are very useful for three main reasons. Firstly, the research philosophy helps to clarify the design of the research as it is not only concerned about the type of evidence needed and how it is gathered and interpreted, but goes further to provide more answers to the questions being investigated in the research. Secondly, the knowledge of the research philosophy helps in terms of choosing the design that will work or fail and what the limitations are. The third and final reason is that research philosophy helps researchers to identify and create a design beyond their experience.

In an attempt to develop a good understanding of research philosophy and approaches, Saunders et al. (2012) introduced the research 'onion' model, which illustrates and describes the flexible research process. The onion model involves six layers: philosophy, approaches, methodological strategy, choices, time horizon, techniques and procedure. The current research used the research onion model (Figure 4.1) to choose the research philosophy, approach, strategy, methodology, time horizon, data collection and data analysis.

Figure 4. 1: The Research ‘Onion’



Source Saunders et al., (2012:128)

4.2.1 Epistemological Position

Epistemology is concerned with ways of knowing and learning about the world we live in and focuses on issues such as ‘how can we learn about reality and what forms the basis of our knowledge ’(Ritchie et al., 2014, p. 6). In other words, the epistemological assumption is concerned with what constitutes acceptable knowledge in a field of study. In respect to this, Bryman and Bell (2011, p. 15) stated that ‘a particular central issue in this context is the question of whether or not the social world can and should be studied according to the same principles, procedures, and ethos as the natural sciences’. Here, Bryman and Bell also clarify that it is important to examine the relationship between the researcher and what is researched, where the positivists believe that only phenomena that are observable and measurable can be validly regarded as knowledge. They also attempt to maintain an independent objective stance. Compared with positivists, interpretivists, however, attempt

to minimise the distance between the researcher and what is researched. Smith (1983, p. 10) captured this polarity between the two approaches, arguing that ‘in quantitative research, facts act to constrain our beliefs, while interpretive research beliefs determine what should counter as facts’. Immanuel Kant, who wrote *Critique of Pure Reason* in 1781, argued that there are ways of knowing about the world other than direct observation. Kant also proposed that perception relates not only to the senses but also to human interpretations of what the senses tell us. Thus, knowledge of the world is mainly based on ‘understanding’, which arises from reflecting on what happens, not only from having had particular experiences. Therefore, knowledge transcends basic empirical enquiry. An epistemology, which is a theory of knowledge, it has been pointed out, mainly presents a view and a justification for what can be regarded as knowledge, what can be known and what criteria are used to differentiate knowledge from belief (Blaikie, 1993, pp. 6–7). Along the same line, an epistemological position is described as interpretivist, where in contrast to adopting a natural scientific model in quantitative research, the trend is towards understanding the social world through an examination of the interpretation of that world by its participant (Bryman and Bell, 2007, p. 402). Easterby-Smith (2012, p. 17) noted that epistemology is about the best ways to enquire into the nature of the world. Bryman (2015, p. 26) referred to the study carried out by Max Weber (1864–1920) in his native Germany where he called for the approach known as *verstehen* (empathic understanding) and claimed that a ‘causal explanation is undertaken with reference to the interpretive understanding of social action rather than to external forces that have no meaning for those involved in that social action’. Ritchie et al. (2014) stressed the importance of understanding *verstehen* in order to ‘reveal the connections between the social, cultural and historical aspects of people’s lives and to see the context in which particular actions take place.’ (p. 11). In this study, an interpretive approach has been adopted as the researcher sought to explore the effects of TM developments in Saudi public hospitals by

using semi-structured interviews in order to obtain an understanding of management and staffs' perspectives of TM developments through their experiences of reality of their daily work in the healthcare sector.

4.2.1.1 Interpretivism

Collis and Hussey (2009, p. 57) pointed out that interpretivist epistemological position suggests that social reality is not objective, but highly subjective because it is shaped by a researcher's perception of the problem. They emphasised that the researcher, therefore, has to enter the social world of the research subjects in order to understand that social world from the point of view of the subject. The researcher, in this case, has to interact with what is being researched since it is not possible to separate what exists in the social world from that which runs through the mind of the researcher (Collis & Hussey, 2009, p. 57). Furthermore interpretivism holds that the study of people essentially differs from the natural sciences (Bryman, 2011; Saunders et al., 2007).. According to Sanders et al. (2009, p. 116), the interpretive perspective is suitable for conducting business and management research, especially in the area of human resource management, as business situations are both complex and unique.

In terms of methodology, it has been argued that positivists rely on large-scale surveys and laboratory experiments (Bhattercherjee, 2012; Orlikowski & Baroudi, 1991), while interpretivism engages with case studies, exploring 'lived experiences' in order to explore the connections amongst the social, cultural and historical aspects of people's lives and at the same time to see the context in which particular actions take place through the eyes of participants (Ritchie et al., 2014). In light of this, interpretivism relies on phenomenographic research as a methodology (Bhattercherjee, 2012; Hussey & Hussey, 1997). This thesis seeks to understand the perceptions of staff regarding the practice of TM in the Saudi healthcare sector. The study investigated the reality and experiences of

TM as opposed to the rhetoric that pervades the existing literature. The interpretive approach was chosen for this study of TM as a social construction (Saunders et al., 2007; Van Manen, 1990). Interaction with people experiencing TM was chosen to make sense of individuals' experiences and to drive the meaning and contextual factors that have an influence on the interpretations. As such, according to Blaikie (1993, p. 96):

...knowledge is seen to be driven from everyday concepts and meanings of the social researcher enters the social world in order to grasp the socially constructed meaning and then reconstructs them in social scientific language. At one level these later accounts are regarded as redescriptions of everyday accounts; at another level, they are developed into theories.

Figure 4. 2: A summary of Interpretivism and Constructionism

Interpretivism (Bryman, 1988; Holloway and Wheeler, 2010; Lincoln and Guba, 1985; Willis, 2007), **constructionism** (Blaikie, 2007; Crotty, 1998)

- Knowledge is produced by exploring and understanding the social world of the people being studied, focusing on their meanings and interpretations.

- Social reality cannot be captured or portrayed 'accurately' because there are different (and possibly competing) perceptions and understandings, though some researchers still aim to 'represent' participants' meanings as faithfully as possible (knowledge is provisional and fallibilistic, consensus theory of truth).

Source: (Rtchie et al., 2014:12)

4.2.2 Ontological Orientation

While epistemology concerns what constitutes acceptable knowledge in the field of study, ontology, on the other hand, is concerned with the nature of reality. In this regard, positivists believe that social reality is objective and external to the research. Saunders et al. (2007) suggested the idea that there is only one reality. Interpretivists mainly accept and believe that social reality is subjective because it is socially constructed. Accordingly, there are multiple realities where each person has his own sense of reality (Collis & Hussey, 2009, p. 59). Ontology, according to Smith's (2003, p. 155) definition is a science concerned with the kind and structure of objects, properties, events, processes and relationships in every area of reality. Saunders et al. (2007) pointed out that objectivism and subjectivism are the two main aspects of ontology that are followed amongst business and management researchers.

4.2.2.1 Subjectivism Approach

The subjectivist view is that social phenomena are created from the perceptions and consequent actions of social actors, and it continues through the process of social interaction (Saunders et al., 2012). Also, Remenyi et al. (1998, p. 35) emphasised the necessity to study 'the details of the situation to understand the reality or perhaps a reality working behind them'. Saunders et al. (2012, p. 132) further stated that social actors have their own different interpretations that are likely to affect their actions and the nature of their social interactions with others. They also stressed that the role of the researcher is to attempt to understand the subjective reality of those being studied in order to be able to understand their motives, actions and intentions in a meaningful way. This is what the researcher agrees with within this study, and this is demonstrated in the objectives and research questions of this thesis. Through the semi-structured interview process, social actors such as managers and staff members will express many different interpretations of the situation in which they find themselves. According to Saunders et al. (2009, p. 111),

'This follows from the interpretivist philosophy that it is necessary to explore the subjective meanings motivating the actions of social actors in order for the researcher to be able to understand these actions'. They also proposed that social constructionism views reality as being socially constructed. This study adopted ontology as researcher aims to gain reality through people's opinions and experiences.

4.3 Research approach

4.3.1 Inductive Research

According to Saunders et al. (2009), deductive research approaches owe much to what we would think of as scientific research. As such, the deductive research approach is the dominant research approach utilised in the natural sciences, according to Collis and Hussey (2003). They have further emphasised that laws present the basis of explanation, allow the anticipation of phenomena, predict their occurrence and therefore permit them to be controlled. In the deductive approach, the researcher is required to develop a theoretical construct that will be tested later by empirical observations (Gill & Johnson, 2002, p. 34). In this regard, Gill and Johnson argued that it usually begins with an abstract conceptualisation and then moves on to testing through the application of theory so as to create new experience or observation. Collis and Hussey (2003, p. 15) pointed out that it is for this reason that 'the deductive method is referred to as moving from the general to the particular'.

According to Gill and Johnson (2002, p. 40), induction is contrary to deduction in that you are made to move from the plane of observation of the empirical world to the construction of explanation and theories about what has been observed, which form a sharp contrast to deductive tradition where as a conceptual and theoretical structure is formulated before the empirical research theory is the out-come of induction. Moreover, Collis and Hussey (2003, p.15) noted that 'inductive research is a study in which theory is

developed from the observation of empirical reality; thus general inferences are induced from particular instances moving from individual observations to statements of general patterns or laws that are referred to as moving from the specific to the general'. Bryman and Bell (2007, p. 402) further explained that qualitative research has an inductive view of the relationship between theory and research, whereby the theory is generated out of the research.

According to Saunders et al. (2014), inductive logic involves building knowledge from the bottom up through observations of the world. In the same vein, Blaikie (2007) asserted that inductive research helps researchers to generate and interpret their data. Creswell (2007) added that the researcher utilises inductive logic, studies the topic within its context and uses an emerging design. The researcher also works with particular details before generalisations, describes in detail the context of the study and continually revises questions from experiences in the field. For this study, some of the probing questions were different, as respondents were asked additional questions as well as questions from the interview guide. As the aim was to explore TM development in the Saudi healthcare sector, the researcher adopted inductive research methodology for this study.

4.4 Research strategy

The research strategy mainly helps the researcher to achieve the research objectives given the limitations of time and resources and access to potential respondents, according to Saunders et al. (2012). They further explained that the strategy has to remain flexible to accommodate the changing nature of social actors and adaptations based on field experience and findings (should the need arise). Denzin and Lincoln (2013, p. 29) asserted that the strategy of enquiry is a bundle of skills, assumptions and practices that researchers employ as they move from their paradigm to the empirical world, and it puts the models of interpretation into motion as well as connects the researcher to the specific methods of

collecting and analysing empirical materials. In this regard, it has been noted that research strategy, therefore, involves implementation and anchors paradigms in specific empirical sites or in specific methodological practices, such as case studies (Denzin & Lincoln, 2013). Further, Bryman (2015, p. 32) adopted the case study as a general orientation in conducting social research. A case study is appropriate for research that requires an empirical explanation of a phenomenon within its real-life context (Robson, 2002, p. 178). Therefore, for this study, the researcher adopted the qualitative research strategy to gain further understanding of TM developments in the Saudi healthcare sector.

4.5 Research Choice

Qualitative research adopts the rhetorical assumption that the participants' accounts of events and reality are personal and literary based on 'validation' (Angen, 2000), 'credibility' and 'understanding' (Schwandt, 2001). On the other hand, quantitative researchers stress 'generalisability', 'objectivity' and 'reliability' (Pallant, 2007). Also, the researcher's epistemological position influences the communication (to the audience) of the research findings (Mantzoukas, 2004).

4.5.1 The Qualitative Research Method

According to Saunders et al. (2012), qualitative research displays a range of distinct but contrasting concerns about what constitutes acceptable knowledge. Denzin and Lincoln (1994) defined what is 'qualitative' as practical information in the form of texts, words or images. The adoption of a qualitative approach requires the researcher to be able to understand the words and their meanings as they are understood in their natural environment (Bryman & Bell, 2007). The qualitative approach is concerned with meaning and understanding of the phenomenon under enquiry as opposed to forecasting and explaining it (Bhattacharjee, 2012; Denzin & Lincoln, 1998).

Researchers are mainly attempting to make sense of the socially constructed world (Bryman et al., 2007; Saunders et al., 2012) by using such methods, and they try to find ways of establishing informant trust, participation, access to meanings and immersion that will lead to in-depth understanding (Bhattacharjee, 2012). Since qualitative research concerns the personal world and tries to provide insight into emotional, social and experiential phenomena, its design should involve the opinions of individuals (Bryman et al., 2011; Saunders et al., 2012) and particularly small groupings. By using semi-structured interviews in the collection of data and qualitative analyses of text and documents, this method helps to provide collection/visualisation techniques (and analytical procedures) and therefore to develop a conceptual framework to show informants meanings and the relationships between them (via coding or coding themes). Data collection is not standardised, and this allows for questions and procedures to be modified and emerge during the process of research in an interactive and naturalistic manner and for those studied individuals to speak for themselves (verbally and through actions).

This study focused on informant perceptions, reflections and opinions guided by the research design. Therefore, qualitative research was chosen because the interpretation of reality through the eyes of the participants was the central goal of this study. This enabled the achievement of an in-depth understanding of the conceptualisation and operationalisation of TM as well as the factors that influenced the organisation to undertake and commit resources and time to this initiative. Also, this study examined the management and staffs perspectives on TM, and it determined if there were any variations in opinions. Furthermore, this study approach made it possible to study the employees relationships in an organisation, consisting of various and different professionals working together to achieve a common aim.

Using a qualitative research methodology helped to access multi-level employee opinions to reach a deeper understanding of the phenomenon as it is practised and in multiple contexts. At the same time, qualitative research focuses primarily on the construction of social meanings and the underlying drivers of behaviour and perceptions; therefore, a qualitative approach was appropriate for the research aim of gaining an in-depth understanding of employee perspectives regarding TM practice. Such qualitative methods strive to answer questions of a 'what', 'how' or 'why' nature in exploring a phenomenon as opposed to 'how much' or 'how many' (a quantitative approach). Therefore, this study used a range of methods, which included semi-structured in-depth interviews, analysis of texts or documents, interviews and observations of behaviour. The research questions aimed to provide an incentive for a deep understanding from the management and staff about how they see the world within which the government of Saudi Arabia has invested vast amounts of time, resources and budget in order to move towards the generalisation of ideas for theory in the state healthcare sector and achieve the goals of Vision 2030. The researcher, therefore, chooses qualitative methodology to understand and to gain answers for the research questions through people words, experiences, emotions and opinion. This method helped the researcher to gain an in-depth understanding of TM in the Saudi health care sector. Moreover using qualitative method helped the researcher to access multi-level of employee's opinions to reach deeper understanding of both managers and practitioners and their opinions and perspectives of TM in the Saudi healthcare sector.

4.5.2 Time horizon

The 'snapshot' time horizon is what is known as being cross-sectional, while the 'diary perspective' is longitudinal (Saunders et al., 2012). Cross-sectional studies facilitate the description of the occurrence of a phenomenon or the explanation of how factors are related in a different period for organisations (cause and effect). However, data collected over a long period is characterised by a longitudinal qualitative study, which tends to be

reliant on observation, action research, archival research and grounded theory. Longitudinal studies provide high-context research and a more in-depth analysis of critical variables. In this study, the time horizon used was the 'snapshot' time horizon, which is cross-sectional. However, due to the constraints of time for a PhD study, longitudinal research was desirable but not possible.

The data collection for this study was conducted in one phase in the autumn of 2019. Prior to the data collection, the researcher goes through the ethical committee from Swansea University who granted the researcher a letter and then after the researcher wrote and submitted a letter to the general director for research and studies at the MOH to request permission to carry out the data collection. The MOH responded to and approved my request, which enabled the researcher to collect data in Saudi public hospitals.

4.6 Techniques and procedures

4.6.1 Data Collection

This study used semi-structured interviews, and it adopted an interpretive epistemology because of my desire and interest in understanding the meaning of respondents' statements about different phenomena. Interviews were used in the collection of primary data. In addition, secondary data was collected through the MOH reports and circulars. A total of 81 participants were interviewed, and the interviews took from 90 to 140 minutes.

4.6.1.1 Data collection process

As to the use of interviews in qualitative research, Saunders et al. (2009, p. 389) stressed that, most often, self-administered questionnaires are accompanied by a cover letter, which explains the purpose of the study. Dillman (2007) argued that the messages contained in a cover letter have an important impact on the response rate. Saunders et al. (2007) emphasised that the cover letter, which is the first part of the questionnaire, helps give respondents an opportunity to consider it and use it as a basis for agreeing to participate

in the research or reject participation. In the case of organisations, this is used to decide whether to grant access to the respondents in the organisation (Saunders et al., 2009). They also argued that it has an active role in convincing the respondent why they should participate in your research. In addition, Peterson (1975, p. 207) pointed out that having a university official logo and name will create a faster response to the researcher's questionnaire.

According to Saunders et al. (2009, p. 320), in the semi-structured interviews, the researcher will have a list of themes and questions to be covered, although these may vary from interview to interview. Also, the nature of the interview questions should depend on the specific organisational context and on the research question and objectives. Along the same lines, King (2004) referred to the 'qualitative research interviews', and explained that the semi-structured and in-depth interviews are used to gather data to bring out answers and understand the 'what' and the 'how' and 'why'. These semi-structured and in-depth interviews provide the researcher with the opportunity to ask questions that they investigate, and at the same time, it allows the researcher to provide a further explanation of their responses during interviews (Saunders et al., 2007, p. 315).

According to Sekaran (2003), during the interview, the researcher should avoid asking questions that could be either underestimating or demeaning to the respondents. Regarding the researcher's behaviour, Saunders et al. (2007) emphasised that a high level of control is associated with an interview-based technique; in other words, the researcher should exercise caution so as not to exceed the appropriate and acceptable standards. Based on the fact, which was mentioned by Saunders et al. (2009, p. 325), that 'once participants agree to participate in the research they still maintain their right, and they are free to decline or opt not to answer certain questions during the interview', my interview

questions remained within the objectives of the research, and the researcher gave the participant the opportunity to refuse or accept answering the questions.

4.6.1.2 The development of the interview guide

The research interview questions aimed to cover three major areas:

1. The first area of the interview questions focused on understanding the background of talent and the TM concept in the Saudi healthcare sector, seeking mainly to determine if the concepts of talent and TM are clear and understood in the Saudi healthcare sector. This was intended to gain more understanding about how the healthcare sector recruits, identifies, retains and engages talent, taking into account the scarcity of talent in the Saudi healthcare sector, and how Saudi Vision 2030 has contributed to better understanding talent in the healthcare sector. The first area was also designed to ascertain the rationale behind the organisation's TM developments in respect to employees and to gain a deeper understanding of the factors that have influenced the MOH to make decisions to invest in HR through TM. Further, this section sought to gain information about TM developments and how they are perceived at the institutional level and the regulatory environment in the Saudi MOH.
2. The second area was designed to find out how the healthcare sector develops their talents and to gain more information about who are the talent development decision-makers are in the state healthcare sector in Saudi Arabia, and to find out what are the talent development challenges are that face employees and the organisation. This section also aimed to gain further information about how talents who undergo talent development programmes are employed and if these development programmes are effective. This area considered how talent and non-talent employees accept the idea of focusing exclusively on talent development. One of the main aims of the interview questions was to find out how talent development can contribute to overall performance in the healthcare sector.

3. The final section was designed to determine how TM contributes to revolutionising the quality of healthcare sector delivery in Saudi Arabia. According to Dillman et al. (1975), empirical research recognises the importance of a good layout and presentation. The questionnaire (interview questions) for this research contained headings and key information to help the researcher guide the interviewee through the interview questions. In this research, to ensure consistency, each section was clearly outlined for the presentation purposes of informing the respondent whenever there were any changes.

The interviewees were composed of management (senior/middle managers) and practitioners in four public hospitals, three in cities and one in a rural area. Prior to the interview, each participant was provided with a clearly worded questionnaire guide, and all questions on the schedule were asked of each participant and recorded to avoid any form of distortion of the interviewee's answers. Informants signed a consent form, and the interview was then conducted verbally and audio recorded to ensure that the interviewee's answers were captured in their own words, and notes were taken throughout the interview. Before conducting each interview, the request to audio record the interview was discussed with all participants to get consent from the interviewee. In some cases, however, some interviewees refused to be audio recorded, which meant that notes had to be taken throughout the whole interview session. At the end of each interview, the participant was thanked for considering the request of anonymity and confidentiality of the study. Lastly, each interviewee was given contact details for any further questions or information that might arise later.

4.6.2 Pilot study

The first stage was pilot testing of the questionnaire guide. This stage is essential and is conducted to refine the questionnaire guide to avoid any problems in answering the questions, and this also enables the researcher to have an assessment of the questionnaire guide's validity and the reliability of the data collected (Saunders et al., 2012). Thus, the

questionnaire guide was submitted for peers and personnel in the healthcare sector. In addition, this study benefited from the experience of my supervisors, who made constructive comments on the questionnaire's suitability and who are researchers themselves with vast experience in the field of international management, and the second supervisor, who specialises in operations. Several changes were made to the questions, which were modified and clarified in line with their comments and suggestions. In respect to this step, Foddy (1994, p. 17) has discussed validity and reliability in terms of the questions and answers making sense. In particular, he emphasised that 'the question must be understood by the respondent in the way intended by the researcher and the answer given by the respondent must be understood by the researcher in the way intended by the respondent'. This process enabled helped to establish content validity. There were 12 respondents in the pilot study. Fink (2003b) pointed out that the minimum number for a pilot study is 10 respondents. As part of this pilot testing, completed pilot questionnaire was checked to ensure that respondents had no problems understanding or answering questions and had followed all instructions correctly, as the question guide was provided for each respondent. The pilot study questionnaire took the participants 60 to 110 minutes complete. The respondents were thanked for their help upon completion of the pilot study. The questionnaire was revised and then amended the questionnaire to be used in collecting data. Respondent's comments during the pilot interviews enabled the researcher to conduct some amendments in the formulation of the interview questions to be clearer. Moreover, some questions that the respondents see that it is repeating other questions have Aldo been removed.

4.6.3 Main study

4.6.3.1 Research location

This research was conducted in Saudi Arabia in three urban and one rural regions. Saudi Arabia was chosen as the Saudi MOH has continued to pursue policies aimed at improving the healthcare delivery system, which was one of the main aims of Saudi Vision 2030. The first urban area was Riyadh City, the capital city located in the central region of Saudi Arabia. Riyadh was chosen as the research location because it is the business centre of Saudi Arabia, where most of the ministries and healthcare facilities are situated. Riyadh is the largest city in Saudi Arabia and has an estimated population of 8,216,284 (Central Department of Statistics, 2017). Riyadh was also chosen because both the MOH and the Saudi health services situated in the city provide working evidence of the primary healthcare and the healthcare structures in the country. There are 418 primary healthcare centres and 65 public hospitals in the Riyadh region (MOH, 2017). The second region was Makkah, which is located in a desert valley in western Saudi Arabia. Makkah was chosen for this study as it is the birthplace of the Prophet Muhammad and the faith, and it is the most sacred Islamic place. The Kaaba is located in Makkah, and millions of Muslims visit Makkah for the annual Hajj (pilgrimage) and Umrah during the year. Makkah has 13 public hospitals. The third region for this study was Tabouk, which is located in northwestern Saudi Arabia, and it has a population of 534,893. Tabouk is close to the Jordanian–Saudi Arabia border and houses the largest air force base in Saudi Arabia. There are twelve public hospitals in this city. Further, Tabouk was chosen for this study as it is considered one of the most promising cities in Saudi Arabia because it is the site of the Neom project, a planned cross-border city in the Tabouk Province which will be situated along the Aqaba Gulf with 468 km of coastline with beaches and coral reefs, as well as mountains with altitudes of up to 2,500 m, covering a total area of around 26,500

km². The Neom project is one of the most important projects of the Saudi Vision 2030 and is expected to be a holiday destination for Saudis and international tourists. Also, one rural hospital in Saudi Arabia was chosen for this study.

4.6.3.2 The fieldwork.

In this study, in order to obtain research access, a letter from the university was sent to the Saudi MOH, seeking permission from the MOH through the general director for research and studies at the MOH. The MOH then provided a letter to be presented to the hospitals under authority of the MOH, and the respective director of each hospital authorised the research and granted permission to interview the respondents. Consent was obtained from each respondent before the interview. In the collecting data phase, the respondents were provided with copies of the questionnaire guide and the letter of introduction which noted my authorisation to conduct interviews in the MOH's sector. The letter was clear on the issue that the research was for academic purposes only, and not for commercial use. This was followed by a brief explanation of the importance of the research in which they were participating. The participants were given the right to refuse to answer any specific question they were not comfortable with or, at the start of each session, to opt out of participating in the entire interview process. These measures gave the respondent reassurance of the authenticity of the research and the protection of their anonymity.

The study utilized in-depth semi-structured interviews and reviewed the MOH documents, such as electronic documents possessed by the MOH. During the data collection phase, a total of four health institutions were involved, and the researcher travelled to Saudi Arabia and spent three months interviewing informants. The informants were drawn from four different public hospitals, located in Riyadh City, Makkah, Tabouk and one rural hospital .A total of 81 participants were interviewed, and the interviews lasted from 90 to 140 minutes. Additionally, documents were also accessed for additional information; for example, the circulars of the MOH regarding the conditions of the

excellence allowance, employees of the month conditions and other documents that confirmed the veracity of the informant's statements. This allowed the researcher to consolidate the findings that were derived from the interviews. Also, the study used secondary data from publications such as journals, government sources (e.g., the Saudi MOH publications and annual reports, and the Saudi Demographic Health Survey) and also included documents from governmental websites such as the General Authority for Statistics and Saudi Vision 2030. The secondary data provided a demonstration of the current developments of TM in the Saudi healthcare sector and supplied contextual and essential background information.

The interviews were conducted within the work breaks of the respondents. Some of the participants were not able to participate in the interview during their breaks, and so they provided their phone number, and the interviews were conducted using the FaceTime app.

At the beginning of the interview, it was explained to the interviewees about the purpose of the research and how its findings were going to be used. Furthermore, the interviewees were informed of their rights to participate in the research and that they could choose not to answer certain questions, or they may even choose not to do the interview. At the end of the interview, to gain the participants' confidence, the interviewees were reassured once again about the issues of anonymity and confidentiality to reduce any fears and uncertainty. The interviewees were thanked for their time and cooperation.

4.6.3.3 Sampling

Sampling is the process of selecting informants to conduct the interview so that it is representative of the larger population to which they belong (Gall et al., 2007). According to Collis and Hussey (2009), 'population' refers to several people, while the 'sample' is some of the members of that population. It has been argued that most organisational

studies use samples of people because it is not always possible to assess all the members of the relevant population (Brislin et al., 1973). In fact, it is not empirical for the researcher to interview all the staff in an organisation (Gay & Airasian, 2000). Therefore, in this study, informants were reduced to a manageable number using a sampling frame, and this was designed to minimise bias.

There are two sampling strategies: the first is non-probability/purposive sampling, and the second is probability sampling. Corbetta (2003) noted that purposive sampling is mainly concerned with a 'representativeness' of a population. On the other hand, probability sampling is when each individual of the population has the same opportunity to be selected and interviewed (Corbetta, 2003). For in-depth and exploratory studies, it is recommended to choose a purposive approach (Ritchie et al., 2003). The choice of purposive sample is influenced by research aim and who can provide the researcher with best evidence and answers for this study research questions. As this study mainly aimed to explore TM developments in the Saudi healthcare sector, a purposive sampling approach was adopted. This decision took into account the list of hospitals from the MOH, which was complete, accurate and up-to-date, and therefore qualified to be in the sampling frame because they were kept under constant revision. In fact, the MOH keeps an up-to-date list of all the health institutions in the country. Therefore, as the study was selected using a purposive (judgement) sampling method, this enabled the researcher to identify health institutions that were likely to provide information and insights into the MOH's research operations. Within these health institutions, individuals can be presumed to have important information, so they could then be selected to be interviewed.

This research considered MOH as an institution with different levels where the delivery of healthcare services takes place, namely: tertiary hospitals, specialised hospitals, general hospitals, district hospitals, rural health centres and health posts.

However, the study ultimately examined four public hospitals where talent is situated, specifically one public hospital in Riyadh city (level three health institution), two hospitals (level two health institutions), where the locations of the latter two health institutions were Tabouk and Makkah City, and one suburb hospital. Consequently, an in-depth understanding of each level of the institution was developed to facilitate detailed analysis.

The data collection was conducted in one phase, which took place in the autumn of 2019. Prior to the data collection, a cover letter was written to the general director for research and studies in the MOH to request authority to carry out the data collection.

Similarly, permission was sought from the general director for research and studies in the MOH who provided a letter of authority which introduced the researcher to the directors of institutions in the research sample and explained that researcher had permission to conduct the research.

In the collecting data phase, the respondents were provided with copies of the questionnaire guide and the letter of introduction and authority to conduct interviews in the MOH's sector. The letter was clear on the issue that the research was for academic purposes only, and not for commercial use. This was followed by a brief explanation of the importance of the research in which they were participating. The participants were given the right to refuse to answer any specific question they were not very comfortable with or, at the start of each session, to opt out of participating in the entire interview process. These measures gave the respondents reassurance of the authenticity of the research and the protection of their anonymity.

4.6.3.4 Consent

This stage involved the authority to collect data, and this meant obtaining an authorisation letter. In regard to interviewing the MOH staff, the Saudi MOH has strict policies which protect and limit it from external and internal individuals who would want to access the organisation. Therefore, each researcher must commit to MOH protocols, which have to

be followed when gaining access to the individuals and the organisation at large. Data collection protocols in the MOH require approval from the senior manager of the General Department of Research and Studies at the MOH before those at the relevant lower levels allow anyone to have access to or participate in any form of activity or research for that matter. Therefore, a letter of authorisation to conduct the health research was obtained from Swansea University. The letter was addressed to the MOH in Saudi Arabia. Those involved at the Saudi MOH instructed the researcher should communicate with the senior manager of the department concerned to obtain approval at the Saudi MOH through the official email of the department concerned. The researcher communicated with the MOH in Saudi Arabia through email to obtain approval for the research. The MOH has several requirements for researchers who want to conduct studies in their facilities, including a course from the National Institution of Health titled Protecting Human Research Participants. With MOH ethical approval, the researcher was then able to interview the participants who worked in Saudi public hospitals. In all cases where permission was sought to conduct the interview, the aims and objectives of the research were outlined and clarified and pointed out that the findings were going to be used for academic purposes only.

Table 4. 1: Distribution of interviewees that participated in the study

Distribution of interviewees	Senior Managers	Middle Managers	Practitioners	Total
Health institution A	10	7	15	32
Health institution B	2	5	14	21
Health institution C	3	3	12	18
Health institution D	0	1	9	10
Total	15	16	50	81

Source: compiled by the Author

4.6.3.5 An overview of health institutions of the study.

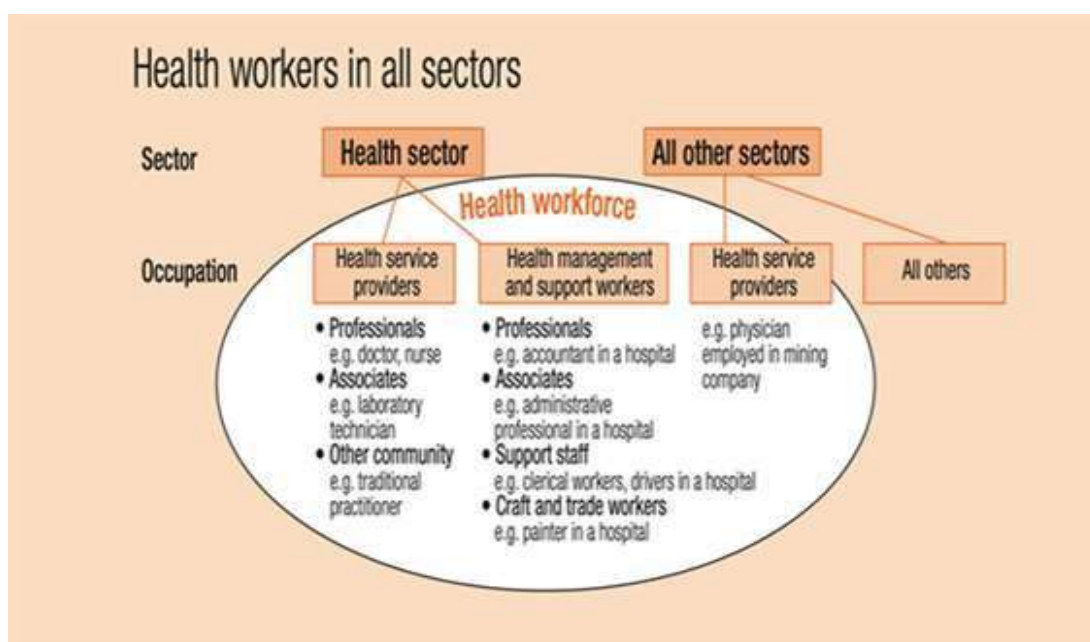
This section focuses on the background of the study in the Saudi healthcare sector. A total of four health institutions and 81 respondents were involved in the study. This background of the study provides information about the TM programme in the public healthcare sector with an emphasis on Saudi Arabia with respect to the opinions of senior managers and middle managers who were responsible for managing the practitioners who were also involved in this study. In order to remain focused and to achieve reasonable and valid conclusions, this analysis was guided by a purposive technique. This approach allowed a comprehensive exploration of the aspects that contribute to the TM programme in the Saudi healthcare sector. Interviews and semi-structured interviews were conducted for the data collection and included a series of predetermined open-ended questions. The nature of the questions for this research was based on exploring the TM programme in the Saudi healthcare sector. In order to limit potential bias, interviewees were interviewed separately, and the responses of the participants were recorded, and notes were taken when necessary. Interviewees were encouraged to give meaningful answers in order to gather a deeper understanding and appreciation of the responses. A large number of participants (senior managers, middle managers and practitioners) were chosen to enable a broader view of the TM programme in the Saudi healthcare sector.

4.6.3.6 Health institutions in the study

In Saudi Arabia, the three levels of health institutions in the MOH system are: level I, district hospitals; level II, general hospitals; and level III institutions offering specialities and tertiary care, also known as central hospitals. Saudi Arabia is divided into thirteen administrative regions known as provinces, but it is divided into 20 autonomous health regions, each led by a Regional Director of Health Services who is directly responsible to the Deputy Minister of Health for Executive Affairs. The Saudi MOH established the

health regions in this way to ensure that an efficient and effective coordination structure could be established at the national, provincial, district, and community levels. This research applied the WHO's international standard classification of occupations (ISCO-08) for describing data on the health workforce in the Saudi healthcare sector. Therefore, the analysis chapter of this study presents data according to Figure 4.3. This research involved four institutions identified herein as A, B, C and D

Figure 4. 3: International Standard classification of health workforce



Source: The World Health Report 2006: 3

4.6.3.6.1 Health Institution A.

Health institution A is located in Riyadh City, the capital of Saudi Arabia, where the MOH is located. Health institution A is a specialised/tertiary (central hospital) and is also known as a level III health institution. Health institution A is a specialist central hospital with a 1,500-bed capacity. The institution has a total of approximately 3,000 staff made up of professional and support staff.

It is important to mention that, at the time of conducting the fieldwork interviews, health institution A had health professional employees who were not available during the start of the TM programme. Institution A is a provider of health services in internal medicine, pulmonary and critical care medicine, general intensive care, dentistry, family medicine and health, surgical specialties, medical specialties, urology surgery, orthopaedic surgery, ENT surgery, plastic surgery, ophthalmology surgery, medical specialties, general internal medicine, gastroenterology, nephrology, infection diseases, dermatology, emergency care, surgical oncology, minimally invasive surgery, hepatobiliary, colorectal surgery, breast and endocrine care, children's specialised medical department, obstetrics and gynaecology, laboratories, X-ray, physiotherapy and pharmacy. See Table 4.2.

4.6.3.6.2 Health Institution B

Health institution B is a level II hospital and an urban health institution with a bed capacity of 450 beds. This health institution is a level I referral hospital (general hospital) and at the same time acts as the regional referral hospital. Institution B also offers any other clinical services necessary to meet the demands of a level I referral hospital, such as specialised support services: laboratory and blood transfusion and medical imaging. The institution services a catchment area population of around 930,507 people. This health institution provides various facilities and services, including 24-hour outpatient services. Institution B is a provider of health services in surgery, paediatrics, obstetrics, gynaecology, cardiology, digestive system care, pulmonology, anaesthesiology, psychiatry, fever clinic, urology and kidney disease treatment, intensive care unit, hypertension clinic, diabetes clinic, eye clinic, ENT, ophthalmology, orthopaedics and support services: dental, physiotherapy, medical imaging, laboratory, surgical theatre and

pharmacy. At the same time, it offers technical backup services to level I health institutions. See Table 4.2.

4.6.3.6.3 Health Institution C

Health institution C is a secondary referral hospital in Makkah with a bed capacity of 200. This health institution offers a variety of healthcare services such as surgery, paediatrics, obstetrics, gynaecology, cardiology, digestive system care, pulmonology, anaesthesiology, psychiatry, fever clinic, urology and kidney disease treatment, intensive care unit, hypertension clinic, diabetes clinic, eye clinic, ENT, ophthalmology, orthopaedics and support services: dental, physiotherapy, medical imaging, laboratory, surgical theatre and pharmacy. Health institution C is dedicated to providing high-quality services for patients and pilgrims. Consequently, in order to fulfil this mission, the MOH expanded the bed capacity from 110 to 200 in 2016 (MOH, 2017). At the same time, the MOH recruited medical specialists, and the number of employees increased 20% in 2016. However, the number of employees is yet not enough to make up for medical staff shortages at this health institution (MOH, 2017). In addition, it also offers technical backup services to level I health institutions, where it receives the cases that were referred from the level I hospitals. See Table 4.2.

4.6.3.6.4 Health Institution D

Health institution D is a rural hospital and level I referral health institution. Institution D provides primary services in a number of diagnostic specialisations. Health institution D refers patients to secondary and tertiary health institutions for further follow-up if needed. Health institution D is designed to serve a population from 180,000 to 540,000 people. The total population for rural areas is around 200,000. This health institution includes internal medicine departments (adults and paediatrics), general medical, obstetrics, eye clinic, dental, emergency, physiotherapy, respiratory, home care, psychotherapy, and other services. However, through a qualitative shift to reach all segments of the target

population, MOH has recently launched the first-of-its-kind maternity and children's clinic at health institution D (MOH, 2018). This clinic helps women to have a healthy and balanced diet, motivates breastfeeding, raises women's awareness, provides consultations, ensures natural child growth, refers children to other agencies if needed, stresses the importance of a balanced diet for children based on their age groups, and educates visitors on the vital role of exercise and health enhancement (MOH, 2018).

One of institution D's aims (as a level I referral hospital) is to provide regular and emergency health services, therefore strengthening the primary healthcare services by ensuring the availability of highly qualified employees, including the availability of medicines and medical supplies. It is important to note that the MOH has introduced a rural area allowance (15% of the total salary) to attract medical professionals to work in this rural area (MOH, 2015). Health institution D, as a level I hospital, is able to diagnose patients, but laboratory and X-ray equipment is not available. Therefore, if patients need a blood test, blood samples have to be sent to a level II health institution. See Table 4.2.

Table 4. 2: Comparison of Cross-Case Health Institution in Saudi Arabian

Health institution	Institution A	Institution B	Institution C	Institution D
Level	three	two	two	one
location	Urban	Urban	Urban	Rural
Population	8,446,866	930,507	2,386,900	200,000
Services offered	internal medicine, pulmonary and critical care medicine, general intensive care, dentistry, family medicine and health, surgical specialties, medical specialties, urology surgery, orthopaedic surgery, ETN surgery, plastic surgery, ophthalmology surgery, medical specialties, general internal medicine, gastroenterology, nephrology, Infection Diseases, Dermatology, Emergency, Surgical Oncology, minimal invasive surgery, Hepatobiliary, Colorectal surgery, Breast and Endocrine, children specialized medical department, Obstetrics and Gynaecology, Laboratories, x-ray, physiotherapy, pharmacy.	Medicine, surgery, paediatrics, obstetrics, gynaecology, cardiology, digestive system, pulmonology, anaesthesiology, pulmonology, psychiatry, fever clinic, urology and kidney diseases intensive care unit, hypertension clinic, diabetes clinic, eye clinic, ear-nose-throat, ophthalmology, orthopaedics, support services: dental, physiotherapy, medical imagine, laboratory, theatre, pharmacy.	Medicine, surgery, paediatrics, obstetrics, gynaecology, cardiology, digestive system, pulmonology, anaesthesiology, pulmonology, psychiatry, fever clinic, urology and kidney diseases intensive care unit, hypertension clinic, diabetes clinic, eye clinic, ear-nose-throat, ophthalmology, orthopaedics, support services: dental, physiotherapy, medical imagine, laboratory, theatre, pharmacy.	Internal medicine departments (adults and paediatrics), general medical, obstetrics, eye clinic, dentist, emergency, physiotherapy, respiratory, home care, psychotherapy, maternity and children clinic.
Bed capacity	1500	450 bed	200 bed	120
Public/private	Public	Public	Public	Public

Source: health institution levels complied by Author

4.6.4 Data Analysis

The final research onion layer concerned data collection and analysis to meet the objectives of the research problem (Saunders et al., 2012). Cresswell and Clark (2007) stated that data analysis is a process that systematically guides a researcher in how they conduct their empirical studies for the purposes of generating further understanding of the research problem. In qualitative research, data analysis is associated with interpretive philosophy, and as such, the researcher needs to make sense of a subjective and socially constructed meaning given by the respondents who participate in the research about the phenomenon studied. Therefore, it depends on 'human cognition and people's interpretation of events that occur around them' (Saunders et al., 2012, p. 546).

For this study, the recorded interviews were transcribed before the data analysis stage. Transcription is the graphic representation of words and behaviours for the participant's conversation (Kowal and O'Connell, 2004). The transcripts were typed word-for-word from the recorded interviews of the participants. The data was analysed using the thematic analysis method, which includes a coded data display to reduce information to manageable summaries.

4.6.4.1 Thematic Qualitative Analysis

This study adopted the framework technique which is an analytical process espoused by Spencer et al. (2014, p. 269), which they consider a form of thematic analysis. According to Ritchie et al. (2014), the framework is an analytic tool that supports key steps in the data management process, including the indexing and sorting tasks common across many different approaches, but adds one further step, namely, data summary and display. Braun and Clarke (2006) argued that thematic analysis should be a foundational method for qualitative analysis, as it provides core skills for conducting many other forms of qualitative analysis. Many authors have contended that, because thematic analysis is a process used by many qualitative methods, it is not a separate method; rather, it is

something to be used to assist researchers in the analysis (Boyatzis, 1998; Holloway & Todres, 2003; Ryan & Bernard, 2000). Others have asserted that thematic analysis should be considered a method in its own right (Braun & Clarke, 2006; King, 2004; Leininger, 1992; Thorne, 2000). The distinctive feature of the framework is that it forms the basis of a series of thematic matrices, in which every participant is allocated a row, and each column denotes a separate subtheme. This matrix-based format, which builds on the work of Miles and Huberman (1994), allows the analyst to move back and forth amongst different levels of abstraction without losing sight of the raw data, and it facilitates both cross-case and within-case analyses. It is primarily designed to be used with data that has a more predetermined form, such as semi-structured interviews (Ritchie et al., 2014). In this regard, Spencer et al. (2014, p. 271) noted that 'thematic analysis involves discovering, interpreting and reporting patterns and clusters of meaning within the data'. In respect of this, working systematically through texts, topics were identified and progressively integrated into higher order key themes, the importance of which was in their ability to address the overall research question (Boyatzis, 1998; Braun & Clarke, 2006; Joffe, 2012, as cited in Spencer et al., 2014, p. 271). Spencer et al. further argued that 'thematic analysis is not tied to any particular discipline or set of theoretical construct', which has made it a very widely used approach (p. 271). Despite acknowledging that it is a wide approach, Braun and Clarke (2006), as cited in Spencer et al. (2014), claimed that the researcher, in this case, 'must make an argument in relation to the research question, theorising about what might have shaped or informed patterns in the data. (p. 279). Spencer et al. further maintained that the framework goes beyond that; for example, at the data management stage, 'analysis begins with a process of familiarisation and subsequent labelling and sorting of data (p. 279). They also suggested a possible additional stage, which is that of data summary and display. They explained that, once the data has been

'managed', the researcher embarks on a process of 'abstraction and interpretation', thus teasing out and creating more analytical concepts and themes, and interrogating them for more patterns of meaning. Braun and Clarke (2006) and King (2004) claimed that thematic analysis is a useful method for examining the perspectives of different research participants, highlighting similarities and differences, and generating unanticipated insights. Thematic analysis is also useful for summarising key features of a large data set, as it forces the researcher to take a well-structured approach to handle data, helping to produce a clear and organised final report (King, 2004).

The thematic analysis started with data familiarisation, construction of an initial thematic framework, indexing and sorting the data and reviewing the data extracts for coherence and further refinement to form a data summary and display. In respect to this method, Auerbach and Silverstein (2003) emphasised that the familiarisation process requires data coding to discover trends. According to Ritchie et al. (2014), the word coding is used in qualitative research because it encapsulates aspects of the way to continually label and relabel their data throughout the analytic process. As Saldana (2009, p. 3) noted, 'A code in qualitative inquiry is most often a word or short phrase that symbolically assigns a capturing and/or evocative attribute for a portion of language-based or visual data'. However, Saldana, (2009, pp. 8–9) further added that coding also involves making things part of a classification system so that data that are judged to 'look alike' and 'feel alike' are grouped together. Other researchers have argued that 'The early stage of coding is, therefore, more appropriately called "indexing", acting as signposts to interesting bits of data (Seale, 1999, p. 154). In this study, manual coding was used. Codes were developed while reading through the transcripts, and headings were identified. The researcher carefully read and reviewed the data, and all statements relating to the research questions were assigned a code. Then, these codes were noted and each relevant statement was

organised under its appropriate code, and next, all common themes were clustered together. These steps helped to identify patterns/trends, and to gain a better understanding of the phenomenon. In this way, the thematic analysis method was used to analyse the data collected through semi-structured in-depth interviews. In addition to the thematic analysis employed, this research used two theories HC theory and expectancy theory to help the researcher fully understand and interpret data that had collected for the study.

The data analysis of this research followed Spencer et al.'s (2014) approach. A formal analytical process was used to analyse the data and in the end came up with themes that emerged from each study (see Figure 5.4). These themes were also incorporated subsequently into the discussion and interpretation of data as well as the conclusion chapters. This research employed the formal analytical process shown in Figure 5.4.

The first stage of the data analysis process in this study was familiarisation. Spencer et al. (2014) suggested that the researcher should gain an overview of the data coverage and become thoroughly familiar with their material. In light of this, the entire data set was included in the familiarisation process in order to be more familiar with respondents answers and points of view. The familiarisation step helped to gain an overview of the data set and its relevance to the research question. In this stage, the aim was to identify themes that were of interest and recurred across the data set. This is consistent with Spencer et al.'s (2014) point of view that, when reviewing the chosen material, the task of the researcher is to identify topics that may be of a substantive nature, such as attitudes, behaviours, motivations or views. At the end of this stage, it was possible to determine what themes would be used to label, sort and compare the data.

The second stage is constructing an initial thematic framework. According to Spencer et al. (2014), once the list of topics has been reviewed, the researcher can begin to construct an initial thematic framework for organising the data. In this stage, the

researcher was able to determine themes that linked particular items, and grouped and sorted them according to levels of generality. Spencer et al. (2014, p. 298) reported that 'having a hierarchical arrangement of themes and sub-themes means that the researcher can "hold" the overall structure in their head, rather than becoming lost in a proliferation of more specific labels'. Saldana (2009) also added that researchers often end up with between five and seven main themes. Furthermore, Spencer et al. suggested that, at the constructing of an initial thematic framework stage of the analysis, themes should be descriptive rather than abstract and stay grounded in the data. They also added that the resulting structure's main function at this point is to ensure that there is conceptual clarity within the framework so that no obvious areas of overlap or omission exist at the level of conception used. At this early stage of analysis, themes were grounded in the data of this study with no overlap or omission of data that were collected. The data was sorted and refined into a set of themes and sub-themes that comprised the initial thematic framework, which helped to develop a list of possible topics for inclusion that derived from the research questions or aims.

The third stage of data analysis for this study was indexing and sorting. Richards (1994) and Seale (1999) referred to the process of applying a framework to the data in order to locate where particular topics are being discussed as 'indexing', rather than 'coding', according to what portrays the status of the labels and the way in which they 'fit' the data. Spencer et al. (2014) stated that indexing shows which theme or sub-theme is being mentioned or referred to within a particular section of the data. This study used the textual data, where the indexing process involved reading each phrase, sentence and paragraph in fine detail to determine which parts of the framework applied and were 'about the same thing' and therefore belonged together. Saldana (2009) described this process as

'topic coding'. In this study, where semi-structured interviews were conducted, the data was indexed and sorted. The indexing was done in a Word document by creating a table with four columns, one to display the transcript and the other three listing the similarities, differences and outliers. Spencer et al. (2014) pointed out that the purpose of sorting the data is to allow the analyst to focus on each topic in turn so that the details and distinctions that lie within can be unpacked. It is also important when sorting data to ensure that sections of material are not removed from their context in a way that is irretrievable and the context or location of the material is lost. Therefore, after the indexing step, the data were sorted so that material with similar content or properties could be viewed as a whole.

The fourth step in the data analysis is reviewing data extracts. Initial thematic frameworks are often rather crude and may well need further refinement. Therefore, this stage is a way of organising the data to produce more coherent groupings. Researchers read the 'piles' of indexed data to gauge the coherence of the data extracts, and they also examine sections of data that have not been indexed to see if important themes are missing from the framework (Spencer et al., 2014). In this study, the data was reviewed to determine whether there were themes that needed subdivision to avoid any recurrent distinctions in the data or any subthemes that needed merging because they were too refined. After all, Spencer et al. (2014) pointed out that the aim of this stage of data management is to make the data easy to navigate.

The fifth step is the data summary and display. According to Spencer et al. (2014), the final stage of data management in some thematic approaches involves data summary and display, which help researchers to reduce the amount of material to a more manageable level. Finally, one more task in the data management process, which was writing a precis for each sub-theme for each health institution in the study.

After the data management stage, Spencer et al. (2014) suggested that the next stage of analysing data is abstraction and interpretation. In this stage of the data analysis process, researchers begin to tease out what will become the main findings from the research. Dey (1993) pointed out that 'Our data start out as a seamless sequence from which we ourselves must cut the bits of the puzzle. We must cut them in ways which correspond with the separate facets of social reality we are investigating, but which allow us to put them together again to produce an overview picture (p. 40). In addition, Spencer et al. (2014) commented that, during data management, an initial cutting and arrangement will have taken place when the verbatim material is labelled and sorted. In this study, the research questions were used as a foundation to meet the research objectives in this stage of the data analyses. The researcher thought about which parts of the data set should be worked on first to provide a firm foundation for any descriptions and explanations that are to be produced. In this stage, therefore, parts of the data and were separated and then linked them together to provide a firm foundation for any descriptions and explanations that are to be produced in this study.

The next stage of the data analysis is constructing categories. First, there was development of categories through sensitively reviewing and capturing different perspectives or descriptions as could be understood from the data. This was done in two steps: 1) understanding participants actual words and 2) understanding the substantial content of participants perspectives. Second, the process was modelled on Spencer et al. (2014) who asserted that researchers in this stage should seek to detect elements and dimensions through understanding 'what is happening within a theme or sub-theme, in other words, within a set of data extracts, or a set of data summaries in a framework matrix. Therefore, all the cases were read through carefully in an attempt to capture the range of perceptions, views, experiences or behaviours which have been labelled as part of the

theme and then listed the elements present in the responses and the dimensions that differentiated between them. Thus, responses judged to be 'about the same thing' were grouped together, which helped to identify underlying dimensions. This is consistent with Spencer et al.'s (2014) point of view that when researchers are identifying any underlying dimensions, the analyst distils the basic concept or theme that encapsulates what the variation is about. Finally, once these dimensions had been identified, the data again was examined again, combining elements into different types of responses to yield a set of categories that discriminated between different manifestations of the data. In this way, the data was subjected to further abstraction, and at the same time, the key dimensions were not neglected. Therefore, it was possible to construct the categories of the data analysis after going through the three steps outlined above.

The next stage in the data analysis is identifying linkage. In this stage, researchers compare responses in terms of similarity and difference and create categories or classes in relation to key analytic themes. The researcher may wish to explore ways in which these separate aspects of the data interact or 'hang together' (Dey, 1993, p. 152). Spencer et al. (2014) explained that, when the analyst searches for links across the data set, they will be involved in what Silverman calls 'simple counting' (1993). In this study, all the places where a particular category was linked to another category were identified. Barbour (2008) described frequencies and calculated linkage in terms of correlations amongst variables. Spencer et al. (2014) further added that, in qualitative analysis, the value of linkage does not rest solely on the discovery of recurrence but in the identification of patterns that hold important clues to a fuller understanding of the subject under study. Therefore, in this study, recurrences were, which helped the researcher to identify key patterns.

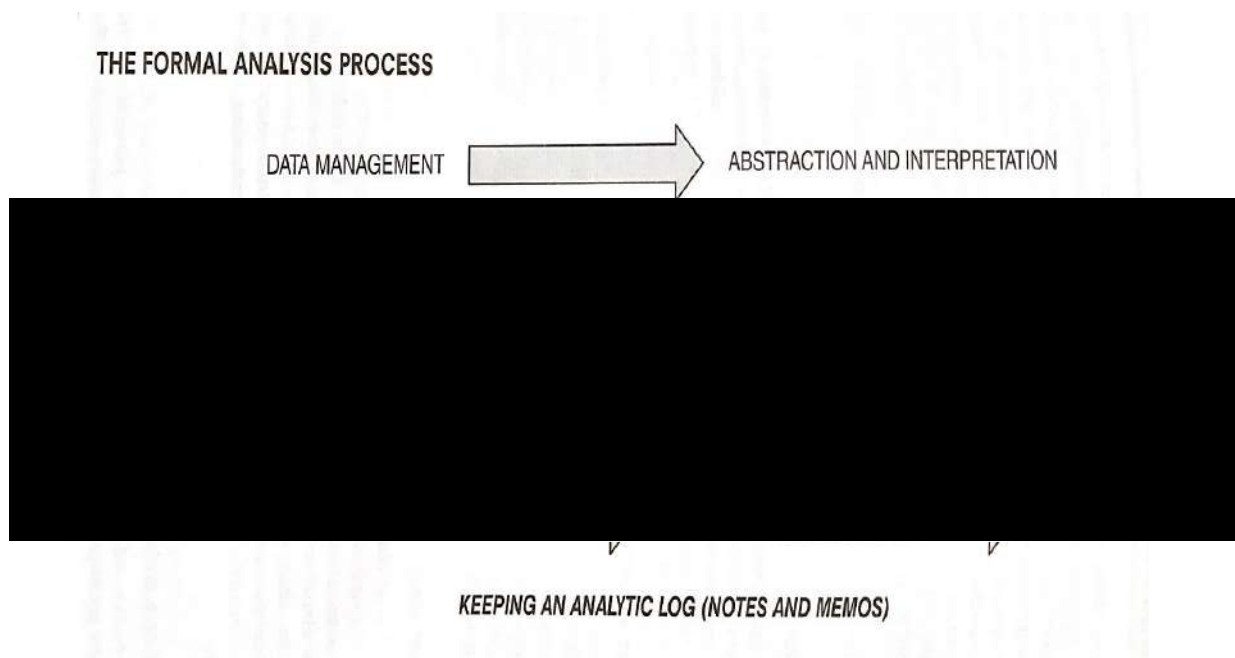
The last stage involves explaining or 'accounting for patterns'. According to Spencer et al. (2014), the power of qualitative research is showcased by the insights

explanatory analyses can bring. When explanations are being developed, the researcher will often use a 'retroductive logic' in order to search for key factors that can account for patterns of association in the data (Blaikie, 2000). Spencer et al. (2014) added that researchers can further use different types of explanations, such as explicit accounts based on reasons given by people in the study and implicit accounts that involve the researcher inferring an underlying logic based on participants' intentions. This study sought to identify and distinguish factors that had led to different perspectives amongst participants (senior managers, middle managers and practitioners) within the sample. Spencer et al. (2014) further stressed that, in searching for and developing explanations, researchers should expect and find multiplicity. Thus, this stage revealed multiplicity amongst participants' points of view. However, it has been argued that:

...the process of searching for explanations is hard to describe because it involves a mix of reading through sorted, summarised, or categorised data, following leads as they are discovered, studying patterns of association, sometimes rereading full transcripts, and generally thinking around the data. It involves going backwards and forwards between the data and emergent explanations until pieces of the puzzle fit. (Spencer et al., 2014, p. 332)

In essence, explanation is a stage at which the data are cross-examined in a number of different ways to further understanding of 'what is going on' (Spencer et al., 2014)

Figure 4. 4: The Formal Analysis Process



Source: Spencer et al. (2014)

4.7 Reliability and Validity

The credibility of the research findings has two aspects, which are reliability and validity (Yin, 2009). According to Saunders et al. (2009, p. 156), reliability refers to which of the data collection techniques or analysis procedures for the study will yield consistent findings. This refers to the level to which a research procedure will generate a similar result if replicated by the same researcher or a different researcher. The repetition of previous study results tends to be important in the positivist approach to studies, while within the interpretive approach, it may be seen as less important or may be interpreted differently according to Collis and Hussey (2009). They also argued that, in the interpretive approach, the emphasis is usually placed on whether observations and interpretations made on different occasions by different observers can be explained and understood. They added that the activities of a researcher influence the research, which therefore means that the replication of the research in the positive sense would not be attainable. Thus, the main focus of the researcher should be to develop protocols and procedures that establish the authenticity of the findings (Collis & Hussey, 2009, p. 64).

On the other hand, according to Saunders et al. (2012), validity is concerned with whether the findings are really about what they appear to be about, in other words, if the research findings accurately reflect the phenomena under study. In this regard, Collis and Hussey (2009, p. 64) stated that 'the test or measure used by the researcher do actually measure or represent what they are supposed to measure or represent'. Further, Coolican (1992), as cited in Collis and Hussey (2007, p. 64) claimed that an 'effect or test is valid if it demonstrates or measures what the researcher thinks or claims it does. Collis and Hussey (2009) have also brought to the fore the point that interpretivism 'focuses on capturing the essence of the phenomena and extracting data that provides rich, detailed explanations (p. 65). On the other hand, Yin (2009) has pointed out the other form of validity, which is called construct validity and is common in business research. In this regard, Collis and Hussey (2009) argued that there are a number of phenomena called hypothetical constructs that are not directly observable, such as motivation, satisfaction, ambition and anxiety; however, they exist as factors that explain observable phenomena. Based on the idea that the interpretative approach aims for a full understanding of what the participants intended to describe about the phenomenon, validity is high under such a paradigm (Saunders et al., 2012). They also noted that semi-structured interviews provide a high level of validity, as they provide the opportunity for the researcher to clarify questions and explore the meaning and responses from many different angles.

In all the interviews conducted for this study, the same questionnaire guide was used and the interviews followed a definite protocol and procedure. It is also important to note that the questionnaire guide was successfully pilot tested by employees in the healthcare sector, who were experts in the HR field and doctors as well. Also, my supervisors provided constructive contributions on the validity, suitability and representativeness of the questionnaire (interview questions).

4.8 Ethical Considerations

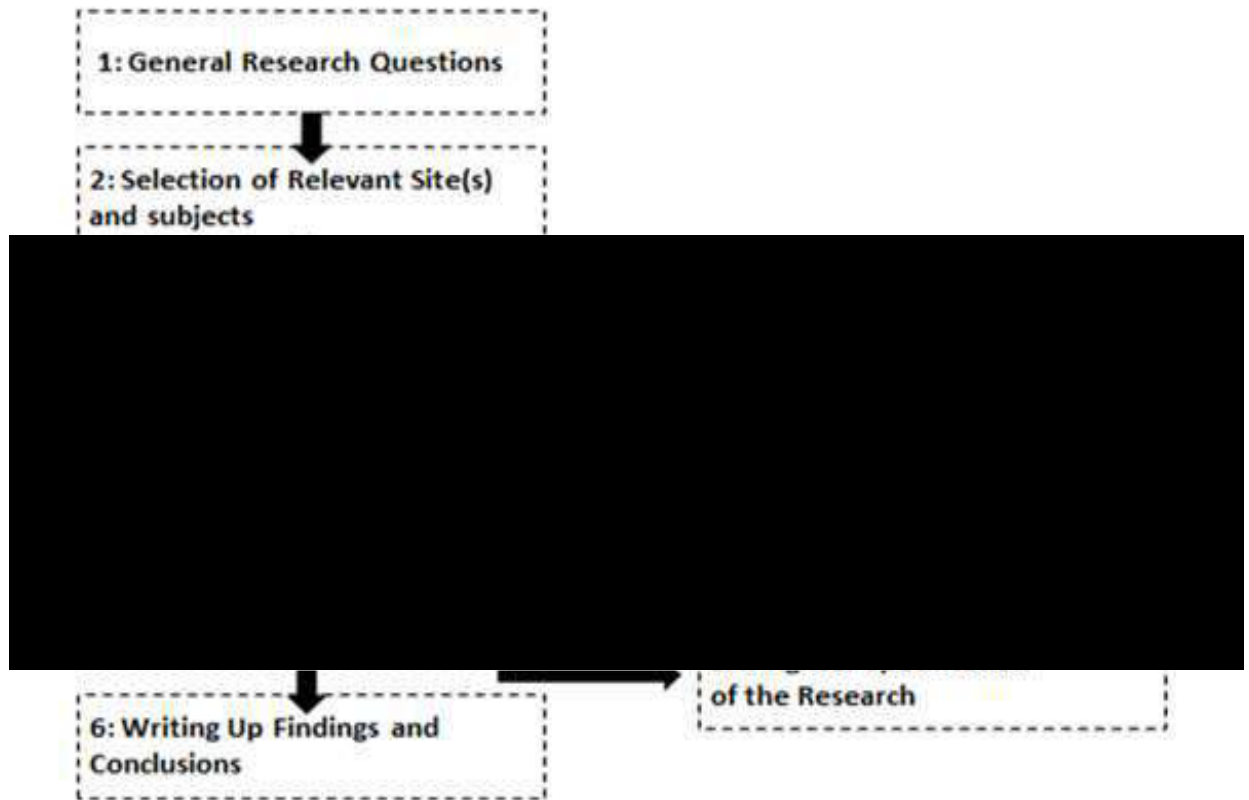
According to Busher and James (2002), acknowledging ethical considerations is critical. Addressing all ethical issues may be difficult for the researcher (Cohen et al., 2013). However, Eisner and Peshkin (1990, p. 244) stressed that researchers need two qualities: 'the sensitivity to identify an ethical issue, and the responsibility to feel committed to acting appropriately in regard to such issues'. In the same vein, Saunders et al. (2009) emphasised the importance of the confidentiality of data that the respondents provide and the anonymity of the organisations or the individual participants. He also underlined the importance of writing the guarantee of confidentiality and anonymity clearly in the introductory letter to be submitted to the organisation and the individual respondents. In this regard, he stated that ethical considerations start with 'how we formulate and clarify our research topic, design our research and gain access, collect data, process and store our data, analyse data and write up our research findings in a moral and responsible way'. (p.184). Also, in a face-to-face interview, it is important to pay attention to and respect respondents' time constraints and to avoid lengthy interviews (Saunders et al., 2009).

In the primary data collection phase, when using interviews, confidentiality and anonymity are considered an area of concern, according to Saunders et al. (2009). They also noted that, when gaining access to an organisation and an individual during interviews, both confidentiality and anonymity are necessary elements of research. Easterby-Smith et al. (2002), as cited in Saunders et al. (2007, p. 187), pointed out that 'in an interview-based approach to primary data collection, a point of significance will emerge as the research progresses and may probably lead to a researcher wishing to explore further the point with other participants'. In such a case, it is necessary to be very careful of the repercussions that may harm the participant who explains this point within the organisation, as there is a possibility that the rest of the participants may deduce the

identity of the person who explains the point that the researcher tries to explore. Therefore, it is highly important that the researcher should take great care in maintaining each participant's right to anonymity (Saunders et al., 2009). Webster et al. (2014, p. 96) agreed with this point of view and added that it is essential for a researcher to 'do everything possible to maintain confidentiality and anonymity of the participants in the research'. They also suggested that 'this means not to disclose those who have taken part and not reporting what they say in ways that could identify them or be attributed to them (p. 96). Easterby-Smith et al. (2002), as cited in Saunders et al. (2007, p. 187) also pointed out that there is a possibility that participants may be indirectly affected, as other participants may infer who made the point that researcher is trying to explore, and this may be made with harmful repercussions. Therefore, it is advised that great care should be exercised in maintaining each participant's right to anonymity (p. 187). In view of this, the study participants were explicitly assured of confidentiality in the introductory letter and explained that their anonymity would be protected at all times during the collection of data, analysis of data and report writing stages. Thus, this thesis has not provided any personal details of either the participants or the health institutions that participated in the research; they have and will remain unidentified to support the guarantee of anonymity.

In summary then, this study and the thesis based on it have adhered to the Flexible Qualitative Research Process method described by Bryman et al. (2007:406). See Figure 4.5.

Figure 4. 5: The 'Flexible' Qualitative Research Process



Source: Bryman et al. (2007:406)

4.9 Chapter summary

Overall, this chapter presented a comprehensive view of the methodology used in this research, which was used to explore TM developments in the Saudi healthcare sector. A qualitative method approach was used to conduct this research. In this study, a case study method was chosen as the study attempted to answer questions on 'how' and 'what' in its quest to explore TM developments. The data were collected with semi-structured interviews to gain in-depth information to obtain a more comprehensive understanding of the conceptualisation and practices of TM as well as the enabling factors that have influenced the organisations to undertake and commit resources and time to these developments. This chapter also presents information about the techniques and procedures used in this research for the data collection process and the development of the questionnaire guide. This study has implemented a purposive sampling approach to

explore TM developments in the Saudi healthcare sector. Furthermore, the chapter presents this study's data analysis, as this research adopted the thematic analysis method to analyse the data collected through semi-structured in-depth interviews. This was followed by the validity and reliability of the data collection techniques. Finally, this chapter ends with the ethical considerations section.

The next chapter presents theories, which have been frequently used while analysing TM in previous literature, to identify employees and develop, recruit, retain and engage talent. The review of TM literature has identified a few gaps that urgently need attention, including the notable lack of empirical research exploring the various aspects of TM. Furthermore, there is a lack of research that explores TM in-depth in the context of the ME in general and the Saudi healthcare sector in particular.

CHAPTER 5:

EXAMINATION, FINDING AND ANALYSIS

5.1 Introduction

This is a study of talent management (TM) programmes in the Saudi healthcare sector conducted in four health institutions. The first, referred to as institution A, is a level III health institution in an urban area. Institutions designated B and C are level II based in suburban areas that receive referrals from level I health institutions within and outside the provincial catchment area. They offer highly-specialized health services. The fourth, institution D, is a level I health institution located in a rural region of the country.

A total of 81 in-depth face-to-face interviews were conducted with senior managers, middle managers, and practitioners. Senior and middle managers in the sample were identified and invited to participate in the study based on their vast experience with talent management programs in the Saudi healthcare sector; their perspectives were therefore essential. Practitioners were involved to examine their points-of-view of TM programs in the Saudi healthcare sector with which they were familiar.

5.2 Participants

The key participants in this study detailed below and their roles in the implementation of the TM program in the Saudi healthcare sector were recruited by the senior manager of the General Department of Research and Studies at the MOH they were informed of the purpose of the study and assured of the anonymity of the information they provided. Signed informed consent documents were collected.

5.2.1 Senior Managers

Senior managers are the staff at the Ministry of Health comprising the Honourable Minister and de-departmental heads. They are the policymakers for the effective and efficient operations of the sector and provide the appropriate environment by designing and implementing programs whose aim is to improve the quality of healthcare services, create a positive impact, and improve employee performance. Those at the upper levels are referred to as senior management. The hierarchy of management means that authority, or power, is delegated downward in the organisation and that lower-level managers have less authority than higher-level managers whose scope of responsibility is much higher.

5.2.2 Middle managers

A middle-level manager is appointed to head a specific clinical service line with responsibility and accountability for evaluating, developing, and retaining employees, responsible for the budget for medicines and equipment, in the case of a medical department, and financial control associated with the array of services provided under that service. The most crucial role of middle managers is to implement policies and practices successfully to achieve organisational goals.

In the context of the Saudi healthcare sector, middle managers often lead a professional group (e.g., doctors, nurses, allied health professionals). In addition to achieving organisational goals and implementing strategies, middle managers also face unique contextual constraints as, despite being middle managers, they have multiple roles in dealing with employees in their departments, their own patients, and senior management.

In terms of management functions, middle managers support and coordinate services provided within healthcare organisations. Management is defined as the process, comprised of social and technical functions and activities that must occur within an organisation to accomplish predetermined objectives through human and other resources

(Longest, Rakich, & Darr, 2000). Implicit in the definition is that manager's work through and with other people, carrying out technical and interpersonal activities to achieve the desired objectives of the organisation. A broad definition of a manager is anyone in the organisation who supports and is responsible for the work performance of one or more other persons (Lombardi & Schermerhorn, 2007).

Managers in the Saudi healthcare sector implement six management functions as they carry out the process of management (Longest, Rakich, & Darr, 2000). These are: planning, organizing, staffing, controlling, directing and decision-making.

5.2.3 Practitioners

The healthcare workforce comprises a wide variety of professions and occupations that provide some type of healthcare service, including such direct care practitioners as physicians, respiratory therapists, nurses, surgeons, dentists, physical and behavioural therapists, and allied health professionals, such as medical laboratory scientists, dieticians, and social workers. Health practitioners work in hospitals and healthcare centres and also in academic training, research, and administration. Healthcare practitioners are commonly grouped into health professions within each field of expertise, and practitioners are often classified according to skill level and specializations. Health professionals are highly-skilled workers in professions that usually require extensive knowledge, including university-level study leading to the awarding of a first degree or higher qualification. The category includes physicians, physician assistants, dentists, midwives, radiographers, registered nurses, pharmacists, physiotherapists, optometrists, operating department practitioners, and others. Allied health professionals, also referred to as "health associate professionals" in the International Standard Classification of Occupations, support implementation of healthcare, treatment, and referral plans established by medical, nursing, respiratory care, and other health professionals, and usually require formal qualifications to practice their profession.

5.3 Data collection

In accordance with the thematic approach, the interviews are summarised according to the themes that became apparent during the interviews. The findings are centered on the three questions used to answer the research topic. All interviewees were asked the same three questions. The questions were presented in Chapter One but are repeated below for convenient reference and will be referred to as Q1, Q2, and Q3 in the remaining sections of this thesis. They were divided based on management's and practitioners' perspectives in each health institution. This section will address the four health institutions: health institution A, the specialized/tertiary central hospital known as a level III health institution; health institutions B and C, level II hospitals; and health institution D, a level I hospital.

5.3.1 Q1: To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?

This section outlines the findings of management's and practitioners' perspectives of the TM program to better understand the processes undertaken by the Saudi Arabian healthcare sector to realise Vision 2030. The first part focuses on management's and practitioners' perspectives at institution A. The second part addresses management's and practitioners' perspectives at institutions B and C, and finally, management's and practitioners' perspectives at institution D are reviewed.

5.3.1.1 Management's perspectives of the effect of recruitment, selection, retention and engagement on TM at institution A

In this thesis, management's perspectives include both senior and middle managers joined in one category because they both play the role of management. From management's perspective, the study found that the TM program is seen as a process that provides the means to recruit talented employees either internally or externally in the healthcare sector in Saudi Arabia. This was supported by comments of a senior manager who stated:

'The hospital will choose the best employees internally first to fill the current job vacancy, according to the framework of policies designed by the ministry of health. I can say that the hospital one of its aims recently is to build our employees knowledge through development programs that approached specifically toward the highly needed roles and specialities. This approach is mainly to feed our roles internally with our employees. You can imagine it is like an investment in our high performers' employees capabilities and the desired outcomes will be filling our positions faster internally with our employees... But if there is no internal employee fit the job requirement and policies by the MOH then the hospital will search for the employees externally. Oh, what I mean here is that today the MOH is recruiting in the more strategic way... as it started to the implementation of targeted recruitment strategies for specific roles that are categorised as rare specialities and it faces a high demand in the labour market. I would like also to add that the MOH designed the policies and conditions of vacancy of each job and the requirements of each job title. Based on these conditions, the hospital will apply these conditions for employment. A person will be chosen to match their qualifications, skills and years of experience with the current vacancy. Hospitals are looking for the best to fill the position; each position has its own criteria.'

Another senior manager concurred with this view, stating:

'Hospital's main priority is to find and identify the best employees in different fields and specialities. I would say that from my experiences... in some cases talented and high qualified people do not search for a job, the offers come to them... so hospitals are looking and searching for them... Basically, each hospital has its own scouts to look for high competencies employees. With this competitive environment, hospitals racing to find the best and higher-competence employees, or else other hospitals will do.'

The study revealed that the recruitment process is based on criteria and strict policies, and it has evolved from recruitment based on relationships or seniority to recruitment based on qualifications and merit. The study found that recruitment committees' role was to ensure that candidates matched the required criteria for each job. One middle manager asserted:

' Before the recruitment process was not as strict as today, today there is a clear criterion for choosing employees to fill the vacant jobs... so yeah, to fill consultant doctor position criteria is different than other position. for example, I got a training program for a specialised fellowship in America for five years, and thus, I have evolved in my job and I was recruited in a consultant doctor position. If I don't have this fellowship certificate I would not be able to be a consultant doctor. Moreover, for the doctors' positions, the applicant must have the approval of the Health Specialties Authority, which is another main recruitment criteria. So in term of recruitment, the hospital will choose the best and most merit employees... I mean will choose a doctor who obtained high scores and grades not like before they look at seniority or employees relationships. Today we can see more organised recruitment committees that looking for high performers employees to fill vacant positions.'

Furthermore, the evidence showed that, from management's perspective, the TM program was designed to promote the creation of a talent pool within the institution:

' I can say that the TM program focuses on creating a recruitment pool... this is by creating targets for producing a large number of employees and more specifically some health specialities... recruiting the right people at the right time. Actually the hospital tries to build up our talent pool... As I mentioned before, the TM program mainly focuses on identifying the high qualified employees... the next step then will be to develop them and make them ready to fill key positions in the future... this will increase the hospital's ability to prepare the second row to fill any sudden positions with high performers employees. So yeah, mainly TM program goal here is to ensure a supply of employees who do the right thing through their skills and capabilities.'

In terms of talent identification, management described their perspectives of TM implementation as a first step to identifying the right candidates for the right roles/positions at the right time. One senior manager at institution A said:

' In my opinion, talent identification is the starting point for the right selection of employees for the key positions... today performance management process helped us to identify our high-performers... after successfully selecting the right people we can then recruiting, retaining and developing our capable employees who have the required ability to achieve organizational goals.'

Managements' perspectives in this study also showed that the TM program uses the performance management appraisal (PM) as a tool to identify talents and high-performing employees, but some managers expressed their concern about talent identification, as not all managers are able to use the PM tool effectively. One middle manager commented:

'I can say that the hospital uses the performance management appraisal (PM) as an important methodology and tool for assessing high performers, this tool helps us as managers to identify those high potentials employees who are able to meet performance targets and capable for doing other roles of similar levels of complexity. Yeah, those I can say identified as core to successful clinical or operational outcomes. However, not all managers are taking this critical tool seriously. Some managers dealing with it as paperwork that has to be done and sent to the HR department without following the structure of the performance appraisal in a correct way.'

Likewise, some managers offered an explanation for talent identification as a way of identifying positions. As one senior manager reported:

'Our hospital lately has an approach to identify positions rather than high performers individuals per se. So, when we as managers are able to identify our high performer's employees and at the same time identifying what are the key roles that effect on our unit performance. here, the hospital in cooperation with us (managers) we will be able to create a strong bench for employees who can fill these key positions within our unit in the small scale and in the hospital if we think in a bigger scale... both anticipated and unanticipated. So if we look at this process (identifying key positions) I can describe it as a strategic process involving a deliberate and proactive process of identifying key, generally, key positions which if became vacant would be detrimental to the organisation's performance. I would like to add here that from my observation key positions and exclusively focused on doctors, nurses, pharmacists and leaders. But leaders are not receiving enough focus from the hospital yet.'

Also, management's perspectives on talent retention are that it has an important role in reducing the high cost of employee turnover after developing them and that it will help

confront talent scarcity, which is one of the 2030 Vision goals. One senior manager mentioned:

'I can say that as a manager we have a great role in retaining our highly qualified employees... employees retention can be expressed as the proportion of employees with a specified length of service as a percentage of overall employees numbers in each department... So here the HR department can identify who are the leaders who create a positive job environment and who are providing a negative work environment for distinguished employees, which causes consequently a high turnover in this department because of the bad management. I can add here that high-performers turnover specifically will cause major consequences for the unit performance and will cause high cost as well. The MOH will need talents more than any time before... there is significant competition on them because of their scarcity knowledge, specialities and their skills. I would like to explain my point of view here if the talent management department retains talents effectively so that will help to satisfy immediate operational needs as it will help to fill the positions with highly qualified people. So here that will help to reduce the cost as hospital train those potential key people and then fill the critical positions with those trained employees who are ready to fill those key positions... So the hospital will not pay a lot of money to find the right people and develop them, but retaining those talents will save the high cost.'

The study revealed that talent turnover can have a deleterious effect on service delivery, which will affect the TM program in the Saudi healthcare sector. One senior manager commented:

'Retaining experienced doctors in this department (paediatric unit) would help to mitigate the shortage of highly qualified consultant, facilitate the transfer of knowledge and provision of quality care to patients... so yeah, the failure to retain our trained doctors who were trained, could have a deleterious effect on service delivery.'

The study further revealed that management perspectives of the TM program in retaining talents are linked directly to career development and progress, two of the key levers used by the TM program in building their retention capability. One middle manager commented:

'If employees in this department can feel their career development and progression I can guarantee through my observation that those trained employees will feel loyal to this hospital... in my unit, I am trying to make sure that those highly qualified employees are receiving a continuous development program. Because, one, they will be more qualified in doing their jobs. Two, they will feel loyal to this department. Employees can transfer to another hospital under the MOH... so my target is to keep them with me to ensure the flow of work and to reach our goals of high job performance in this unit.'

The study also reviewed one of the policies of retention set by the labour ministry that obliges employees who undergo development programs to stay in the organisation for a specified period. One middle manager remarked:

'We can retain highly qualified employees through development programs... let me explain more, as a hospital, we have to follow and abide by the rules of the labour ministry policies. One of which, if an employee gets into a development program; and more specifically Masters, PhD, etc. The employee has to work in the hospital at the same time that we spent in the development program. Talent development programs handpick employees with high performances for the development program. So when the hospital develops them it is a way of retaining them, so they can benefit from their knowledge.'

From management's perspective, the TM program can play an important role in talent retention efforts, as managers described the "Excellence Allowance" incentive as a method to retain highly-qualified employees by creating a positive job environment, which helps the organisation achieve its goals and objectives. One manager asserted:

'The MOH added some allowances such as excellence allowance... this allowance aims basically to encourage communication between employees and patients by arranging volunteering activities... this excellence allowance is paid for employees who participate in voluntary programs that aim to educate patients from common diseases and how can they prevent these diseases. These voluntary programs help to create a positive relationship between those employees and with their patients in the small scale and also with their organisation on a bigger scale.'

When those employees feel that they are working in a positive and supportive job environment they will do their best to reach the desired goals of their institutions.'

In terms of talent engagement, managers interviewed stressed that the TM program is a way to foster employees' empowerment through listening to their voices in changing solid policies at the MOH. One senior manager asserted:

'Before, it was not allowed to a consultant doctors to work in private clinics after finishing our duties here, but recently in 2017, consultant doctors complain and the good things that the MOH listen to our voice and implement new policies, they (MOH) changed old policies and approved to consultant doctors only to work as a part-time in other private hospitals.'

In addition, managers believe that talent engagement can be achieved by employee empowerment. Here, management sees employee empowerment as sharing decision-making with highly-qualified employees by listening to their suggestions and ideas to resolve daily job problems. One senior manager described that talent engagement is accomplished by conducting weekly or monthly meetings to listen to employees' suggestions. The heads of departments usually conduct weekly meetings with employees to review departmental performance and address issues that affect daily job flow. These weekly meetings help managers discuss employees' expectations that contribute and affect overall department performance. For example, one middle manager noted:

'I make sure to communicate regularly with the staff in this department... and more particularly with high--performers those are the category of influencers in my department. Also, I make sure to make a weekly meeting we discuss the main problems that affect our job, so I listen to them, and I try to solve work-related problems after listening to the staff and investigating personally what are the causes of these problems. I believe that employees voice is the means by which the employees communicate their views. In a discretionary way, on a range of issues relating to our department issue or employees performance or some times what are the daily issues that would influence our services towards our patients. These weekly meetings help a lot to let employees feel the responsibility to reach our departments' goals and the desired performance. I can say that when we listen to

our employees' voice and trust them that they are able to do change with their suggestions and ideas this is a very important process towards employees engagement.'

Another senior manager remarked that talent engagement has an important role in enhancing employee performance and that those talented employees will also excel in their performance with patients. He said:

'I try to give doctors who show high effort, and their performance is high where they do the surgeries for patients ideally and without any side effects or mistakes those I will support them by giving them half-day off or sometimes if there are enough doctors I can give them one day off... also I try to listen to those talented doctors who suggest new ideas such as new medical types of equipment which will be helpful if the hospital provided to us... I believe that it is essential to open communication channels with those talented employees as they usually like to add their point of views and their valuable suggestion...this will provide a better chance of producing engaged talented employees as long as they feel that their voice has listened. From my observation, I can say that in this way those employees will perform better and therefore we will be able as a team to reach our organisation's goals... having engaged employees will not only that they will also go miles in their performance with patients but they will feel that they belong to this hospital and that will lead to creating the feeling that they are committed to the hospital.'

In view of all management perspectives on the TM program that have been mentioned above, it seems that management perspectives tend to focus more on organisational goals. The TM program is seen from management's perspective as a process that provides the means to recruit talented employees either internally or externally at health institution A. The study revealed another management perspective that the TM program was designed to promote the creation of a talent pool within institution A. The current study found through management perspectives that the TM program uses the performance management appraisal (PM) as a tool to identify talents and high-performing employees, although some managers at institution A expressed their concern that not all managers are

able to use the PM tool effectively. The results of this study indicate that managers' perspectives of talent identification using PM is that it is an initial step for talent development, recruitment, retention, and engagement. In terms of talent identification, the current study found that the TM program is seen by managers as a way of identifying positions and high-performing employees. Management also acknowledged the TM program's role in the talent retention process by using both financial and non-financial incentives. This study revealed that the TM program has an important role in the process of talent retention. Management described the "Excellence Allowance" incentive as a means of encouraging creativity and a positive job environment. The study also shows one of the policies of retention established by the labour ministry that obliges employees who undergo development programs to stay in the organisation for a specified period. In terms of talent engagement, the study showed that management recognises the TM program as a means of employee empowerment through listening to their voices in changing solid policies at the MOH. The study showed that management sees the TM program's role in employee engagement as valuable in enhancing employee performance and that recognition of talented employees prompts them to excel in their performance.

5.3.1.2 Practitioners' perspectives of the effect of recruitment, selection, retention and engagement on TM at institution A

Practitioners' perspectives of the TM program, in terms of the identification, recruitment, retention, and engagement of high-performing employees at institution A, were similarly analysed. The study revealed that the TM program used performance management (PM) as a tool for identifying and selecting high-performing employees. Findings were supported by one senior practitioner's remarks:

'Our manager is using the annual performance management appraisal to evaluate our job... and yeah, all employees are assessed annually. I believe that PM is a critical tool that helps my manager to identify who is high performers employees

in our unit. I conducted many surgeries, and all of them are successfully done also, my patients never come to complain from any side effects or medical errors... so yeah I was identified as a higher performer, and this was considered as a pass to the development programs in the hospital and invested in my abilities and gave me the opportunity to get many development programs such as 'Board' that I got a paid scholarship from my hospital and It was in the USA.'

The study also demonstrated that the Ministry of Health was practising a preferential approach to talent management with a focus on developing high-performing employees, and this was supported by a comment made by a senior practitioner who mentioned:

' Primarily the manager in this department will choose and identify high performers employees, and then developing them exclusively... so, all employees here are doing their best to do their job in high standards, no absence so it is important to be committed at the work, and yeah, and I have to work hard to get high job performance... my job performance as a passageway for these development programs as they (the hospital, and the MOH) will choose the best and top performers only.'

Likewise, in terms of talent identification, the study revealed that practitioners felt that the TM program is implementing a preferential approach towards specific key positions (doctors, nurses, and pharmacists) and in some specific specialities. One nurse mentioned:

'I can see that the hospital is focusing on some specialities and positions exclusively. As a nurse, I can see that my colleagues in the heart cardiac department receiving more attention than us here in family department... I mean in term of the intensity of development programs. The training budget is mainly allocated for some professions more than others. Yes, we there are development programs but not compared with other specialities. So not all nurses are receiving the same attention. And again the head of nurses here is receiving a high attention in terms of development programs and choosing him to fill the higher position because he was identified as a potential leader so he received development programs until he fill this position.'

The study showed that practitioners viewed the TM program at health institution A as a means of recruiting highly-qualified employees internally and a means to minimise the

high cost of external recruitment. Practitioners at institution A acknowledged that the TM program expended a substantial budget on the development of existing employees to be able to fill higher positions, thereby recruiting talent internally. One senior practitioner remarked:

'Yes, the hospital is advertising internally for vacant jobs and employees will apply for it. I applied last year for this job it is a higher grade than my previous one. And many candidates applied but again the hospital will select the employee who fit the requirements of the job. This job position required to have a specialised fellowship in my field (Ophthalmology) and I just came back from Australia and gaining this qualification so yeah I got this job position based on my qualification, years of experience and so on.'

Another practitioner mentioned that the TM program is a means for internal recruitment in cases of job rotation. One practitioner asserted:

'In case of resignation or retirement, the hospital will advertise internally for this internal recruitment. As you know the hospital is developing us to save cost that related with external recruitment and looking for new employees to fill such an empty position. So yeah, we as an employee have the opportunity to fill the internal job position.'

On the other hand, with regard to their perspectives of the program as a means of external recruitment, the practitioners interviewed illustrated that educational cooperation and agreements with the Ministry of Education are among the external recruitment methods that the TM program employs. One practitioner mentioned:

'Yes, after finishing high school I got a scholarship from the Ministry of Education to study at the University OF California, Los Angeles in the USA, it was a wonderful opportunity for me. Because I graduated with a high grade from one of the most important universities in the field of cardiology, this gave me the opportunity to get a job in the Ministry of Health to work in one of a government hospital. Distinguished graduates who are graduates from one of the developed countries have a special opportunity to be employed in one of the public hospitals in Saudi Arabia. So, yeah this is how I was recruited here. Yes, the MOH website

has a special employment portal at the Ministry of Health website named (the service of attracting cadres inside and outside Saudi Arabia).'

The study also showed that the TM program uses online advertising as a tool for external recruitment. One senior practitioner mentioned:

'The hospital is advertising for job vacant through online websites so many candidates can be aware of the job vacancies that are available. Yeah, it is an important tool and reaches to a large segment of people.'

The study also found that the TM program provided financial incentives and excellence rewards to high performers as a means of retaining them. A senior practitioner commented:

'Yes, TM retention policies have a good step toward a certain segment of employees. I have incentives added to my salary every month. For example, housing and transport allowance. One of the important retention policy is the Excellence Awards allowance, which is 30% of the basic salary and it is provided under some conditions so not a monthly payment added to our salary. And within the conditions to obtain an estimate (excellent) for the evaluation of the last two years in my report of performance. So this year I was able to get this allowance because of the publication of a scientific paper and my participation in a distinguished medical conference in Switzerland in the field of orthopaedic surgery. I was very happy with this allowance for excellence, and I felt that the Ministry of Health in collaboration with the hospital focused heavily on the privileged in the field of their work and provided them with many incentives and benefits in addition to the training programs distinguished.'

These practitioners referred to flexibility and freedom in describing their point-of-view of the TM program's efforts to retain talent. As participants asserted, the MOH provided more freedom for them by allowing them to work in the private sector after finishing their working hours at the public sector. One senior practitioner commented:

'Yes, in the past we were not allowed to work in the private and public sector at the same time as we (consultant doctor) are not able to do two jobs at the same time... but now the MOH allows us to do so. This rule has allowed me to open my own private clinic. In this way, this policy allowed other consultant doctor and

myself to work freely without any obstacles prevents this. That contributes to let us feel that we are happy and satisfied and I don't think to leave this organisation... as the MOH gives us the freedom to join two jobs.'

Another finding in this study was more related to employee engagement. The TM development program has promoted employee engagement for those who have gone through the TM development program. One practitioner asserted:

'Talent engagement is to engage high performers emotionally with the organisation which makes it difficult to leave. Consequently, those talented employees go beyond what is required from them and give the best that they can. There is high pressure on the public hospitals, many patients visit hospitals and not all departments have enough number of doctors, which causes stress on doctors and they feel exhausted and tired... in this case and to face our doctors frustration feelings that they go through talent engagement is one of the practices that focus on talented employees to let them feel that they are working in a favourable job environment with supportive management and cooperative colleagues that will enable those skilled employees to step over these bad feelings and they feel engaged emotionally to their jobs.'

Evidence from the study indicated that TM engagement promotes stronger bonding between high performers and management and enhances high organisational performance.

A senior practitioner commented:

'I want to say that because I feel loyal to this organisation, I give in my job more than what is expected from me... I choose to exceed the limit in doing my job... it happened many times that I stayed for extra time in my job because my aim is to go for serve all patients and makes them satisfy from the result of their surgery... and after that, I can go home... this organisation developed me, gave me the chance to increase my knowledge through many development programs that they paid it for me... this is the least that I can do.'

Another senior practitioner commented that:

'I can say that my manager trusts us, as he listening to our ideas and we are engaged in the problem-solving process. We have a meeting so yeah I feel that I

belong to this department and I feel that this department goals is my own goals, inculcated in the individual employee. I am willing to work longer hours without complaining.'

Likewise, the study revealed that the TM program has a great role in talent engagement through employees empowerment and enabling employees voice. One consultant doctor mentioned that:

' The MOH is different now... I can see great development in term of listening to us and what are our ideas and challenges to remain in our jobs. one of these challenges was that the policies do not allow us as a consultant doctors to join between two jobs, in private and in public and that causes a high turnover... but not anymore, at 2017, the policies were changed and now I can go to my private clinic after my job done here.'

Overall, this study demonstrated that the TM program used PM as a tool for the identification and selection of high-performing employees. Further, the study showed that practitioners' perspectives of the TM program are that it focuses exclusively on identifying high performers, mainly directed towards specific key positions (doctors, nurses, and pharmacists) and some specific specialities. In addition, the study showed that practitioners view the TM program at health institution A as a means of recruiting highly-qualified employees using both internal and external methods. In terms of internal recruitment, the study showed that the TM program is investing in employees through development programs to fill vacant jobs internally. Another finding showed that the TM program provides a means for internal recruitment in case of job rotation. On the other hand, in terms of external recruitment, the study showed that the TM program uses educational cooperation, agreements with the Ministry of Education, and online advertising as external recruitment methods. In terms of talent retention, the study found that the TM program provides financial incentives, flexibility, and freedom for talent. Practitioners further asserted that it is essential for them to participate in the decision-making process, adding their voice to change solid policies, and that this practice makes

them more engaged with the organisation as talent engagement encourages them to go beyond what is required from them.

5.3.1.3 Management's perspectives of the effect of recruitment, selection, retention and engagement on TM at institutions B and C

The decision was reached to consider these two institutions together because they are both level II hospitals. In terms of talent recruitment, the TM program functions nearly the same as in institution A but in practice, there is a marked difference. Senior and middle managers reported that the method applied in the recruitment of high performers can be categorised into internal and external. However, management pointed out that internal recruitment takes longer. One senior manager commented:

'Today the MOH is looking for employees to fill vacancies internally first but if there is no one fit the job internally then the MOH will recruit externally... This is because the MOH wants to fill vacant jobs with employees who were chosen in talent development programs and were developed... However, in the event of the resignation of an employee or our need for an employee then there is an announcement for this vacancy internally and externally and often this takes a long process and time to recruit the appropriate person. our main problem is that our high-professions who received development programs usually fill higher positions in one of the tertiary health institutions with higher capacity in terms of health services... They are looking for hospitals that they can practice what they have learned... It cost us a lot of time and effort to train this high performers employee but after these continuous efforts, they moved to another public hospital.'

From the management perspective, the TM program aims at the recruitment of high performers through either internal or external processes. In addition, the program has brought a new dimension to the recruitment process by ensuring that employees are recruited based on merit and not nepotism, which characterised the traditional approach. In this regard, a senior manager said:

'In a way to reach the organisational vision, the MOH designed the policies and conditions of vacancy of each job and the requirements of each job title. Based on

these conditions, the hospital will apply these conditions for employment. A person will be chosen to match their qualifications, skills, and years of experience with the current vacancy. To be honest this strictness from the MOH that makes hospitals should implement these policies makes the chance to recruit employees with low qualifications because their relationships reduced to zero percent... today, only people who match these job qualifications will be recruited... The MOH mainly took this step to make sure to recruit the right people as it aims to increase organisational performance through those highly qualified employees.'

On the other hand, some managers argued that there are informal methods in both internal and external recruitment that can be used in which employees' families or personal acquaintances are given consideration. One middle manager commented:

' Yes, there might be an informal way to recruit employees based on nepotism... if the employee has one of his relative in the decision-making position or high position that might help this person to have privileges and priorities to have the job more than others even if there are more high competence candidates for this job position.'

The study shows that management's perspective of talent identification was a way to identify positions. In this regard, one middle manager alluded to the notion as follows:

'As a manager, one of my critical roles is to Identify those high performers employees or I can say it in another word we (middle managers) are acting as 'talent spotter' ... will involve those members of the team who have the potential to take on additional roles or responsibilities beyond the current performance management goals and targets. These can be in relation to what are the position that is characterised as a key position that the hospital depends on it to reach it is organisational goals and objectives. As a doctor, I can see that doctors in our department (heart diseases unit) our surgeons are filling one of the key positions in this hospital, as heart diseases are ranked as one of the highest diseases patterns in Saudi Arabia and in the same time we do not have enough high competence surgeons to fill these positions.'

Likewise, evidence shows that talent identification is directed exclusively for certain positions (doctors, nurses, and pharmacists). Regarding institution C, one middle manager commented:

' I can say that talent identification main aim is to identify high performers employees who are able to fill the higher position. And to be more specific, the hospital focuses on identifying high performers in specific positions (doctors, nurses and pharmacists).'

Furthermore, the evidence showed that from managements perspectives, TM program uses PM as a critical tool to identify high performers employees. A middle manager at institution B commented:

'As a manager, my role to play in identifying those who can move upwards in the hospital in a classic developmental style are important to be identified. As you know we use the PM as an important tool to identify high performers and those potential employees who are able to fill a higher position in the future and at the same time, they are high performers in their current tool. We are looking for doctors who are able to do their job according to the quality criteria and accomplish all PM appraisal criteria.'

The study shows that managements perspectives of the TM program in terms of talent retention as a mean of financial incentives. One middle manager at institution B remarked that:

'The ministry of health start to give more attention to retain high potentials employees through financial incentives. For example, one of the main steps that the ministry of health to identify our talents is that it approved a new allowance, which is, the Excellence Awards allowance. This allowance is to encourage healthcare staff to publish scientific papers in court magazines, a patent in his medical field, and a participant in volunteering to serve the community in the area of work to help patients in patients awareness. To encourage employees to participate in volunteering activities that mean creating teamwork, discuss together, share ideas, effective communication and strong interpersonal relationships. So yeah, amongst the factors that can lead to the creation of excellence and is a culture that values collegial physician—and other health staff

relationships. The hospital aimed behind this excellence allowance to foster high performers employees effectiveness, productivity and innovation... and yeah I will mention a very important aspect which is most importantly the quality of the patient experience... those aspects are critical parts of organisational outcomes.'

Further, the study revealed that the concept of total reward as a way of retaining talented employees might include the traditional elements of pay and benefits packages but also special financial incentives for some roles exclusively. One middle manager at institution C asserted:

' Yes, as mentioned before the 'excellence' allowance is one of the retention policy that is provided for only health employees under some terms, also other incentives and allowances that are offered to employees every month added to our salary such as, transportation, housing. Hmmm, yes the allowance that only for consultant doctors who fill administrative jobs. For instance, as a consultant doctor and at the same time I am the head of this department the hospital pay the school tuition fees for my children, and also I got a house near to the hospital. so yeah, there are some incentives that is exclusively for some positions.'

Managements revealed that talent retention might be enhanced by additional benefits, matters relating to working environment and flexible working hours. In this respect, one middle manager at institution B reported:

'The employee who always cooperates with me as a manager and with their colleagues will receive more attention and privilege and flexibility in working hours more than others. For example, the employees who cover their colleague's duties in case of sick leave, maternity leave, or annual vacation then this employee who covers the job will get overtime payment, day off, we will be more flexible with him\her than non-cooperative employees, or employees who always delay in his\her job and having much sick leave. So here in this hospital, we appreciate the helpful staff who works in cooperate with us to finish any delayed job and I do my best to be flexible with them to please them and retain them. Those cooperative and high performers employees also will have the priority to get the chance to attend conferences outside the kingdom.'

On the other hand, management reported that the TM program also seeks to retain talent through implementing a reward strategy as a key contributor in the TM program for retention, which is through a mix of cash or wages but also non-financial rewards. One middle manager at institution C remarked:

'The term reward has both extrinsic (usually financial) and intrinsic characteristics that are important in retention. Firstly, monetary reward is amongst those factors that have the ability to influence our high performer's employees job satisfaction and thereby greater organisational commitment of health workers in this department and in the MOH in general. But intrinsic reward such as personal gain, satisfaction and motivation from us as a manager will also effect on retaining those high performers. Thanks letter is one of the effective way that motivates employees job satisfaction and therefore their retention.'

This empirical evidence points to the fact that the TM program has contributed tremendously to the retention of highly-qualified professionals. One manager at institution B asserted:

'In my opinion, talent management program greatly contributes to the quality of healthcare sector delivery in Saudi Arabia. The MOH seeks to reach the Saudi vision objectives through focuses on high competences employees and retaining them. What I would like to say here is that the MOH vision is focused on talents and competencies as important assets and that's good... now only there is a need for talent management to be effective to manage those talents with correct methods to achieve the goals of the 2030 vision. There are some steps from the MOH to retain employees through allowances and incentives.'

However, not all managers benefit equally from the talent retention process. Some complained that high-performing employees who had undertaken talent-development programs are often transferred to a higher-level hospitals when requested. A senior manager commented:

'High professions employees who undergone development programs are usually transferred to a higher level of hospitals... what I mean by higher level is the third level of the health institution, as there they can practice what they learned with

medical equipment that we do not have here and they can do more complicated surgeries that we don't have the capacity to conducted here in this hospital. In all cases, the retention of our highly qualified team will be vital for the success of TM development in our hospital. Providing career development through training for the majority of our high-performance employees can retain them within the MOH but not necessary in our hospital.'

Talent engagement was also highlighted through managements point of view. A common view amongst managers was that talent engagement is an important step to reach organisational goals. One middle manager commented that:

'Employees who are engaged with his\her organisation I can guarantee to you that they will feel that organisational goals are their own goals and they will do their best to reach it.'

Talent engagement was also highlighted through managements point of view. A common view amongst managements was that talent engagement is an important step to reach organisational goals.

'Employees who are engaged with his\her organisation I can guarantee to you that they will feel that organisational goals are their own goals and they will do their best to reach it.'

The study also revealed that since the implementation of vision 2030 and TM to be specific high performer are more engaged and the employees' performance has been raised.

' There is high pressure on the public hospitals, many patients visit hospitals and not all departments have enough number of doctors, which causes stress on doctors and they feel exhausted and tired... in this case and to face our doctors frustration feelings that they go through talent engagement is one of the practices that focus on talented employees to let them feel that they are working in a favourable job environment with a supportive management and cooperative colleagues that will enable those skilled employees to step over these bad feelings and they feel engaged emotionally to their jobs... yes, I believe that all employees here in the hospital at all levels play a central role in implementing solid policies and strategies of the MOH that concentrate mainly on patients safety and go towards comprehensive health coverage... yes as you know the MOH sets policies that employees should implement... for example, there is a policy for CBAHI and

us as a doctor should follow it cautiously... to ensure a comprehensive health coverage to our patients... that's why hospitals today need employees who are engaged with their organisations and those who share the responsibility to achieve the final objectives.'

Overall, the evidence presented in this section suggests that, from management's perspective, the TM program is seen as a means of recruiting highly-qualified talent through either internal or external methods. From management's perspective, the TM program has added a new dimension to the recruitment process by ensuring that employees are recruited based on merit and not nepotism—the traditional approach—but this study demonstrated that nevertheless, the TM program is still implementing an informal method in both internal and external recruitment that can be used for the benefit of employees' families or personal acquaintances. In addition, managers mentioned that the selection process is exclusively for medical employees (doctors, nurses, etc.), and it focuses exclusively on certain positions and specialities. Furthermore, this study showed that, from management's perspective, the TM program uses PM as a critical tool to identify high-performing employees. Managers also pointed to the fact the TM program contributes to the retention of highly-qualified professionals by providing financial and non-financial incentives and flexible working hours. In the course of the interviews, managers recognised that high-potential employees at institutions B and C might apply for transfer to higher-level hospitals. Another management perspective of TM is that talent engagement is essential for enhancing employees' performance and for achieving organisational goals.

5.3.1.4 Practitioners' perspectives of the effect of recruitment, selection, retention and engagement on TM at institution B&C

Practitioners' view of the TM program on the process of selection is linked with managers and their relations with employees. One practitioner asserted:

'If you want to know about the selection process in our department it depends on managers... managers should take their time in the talent selection process and don't depend on their personal relations with employees... I repeat again, employees job performance appraisal should be considered as a tool to evaluate employees accurately... not all managers are leaders and make sure to implement all requirements perfectly... not all managers are able to measure who is talented and who is not... some managers only think of equality between all employees and not to give anyone any privilege that others do not get because he doesn't want those fewer performers to come and talk to him\her and complain...because he did not have this belief that he should deal differently with those talents and give them more attention... or sometimes, managers relationship with employees effect on their job performance to get higher than others.'

On the other hand, study results revealed that talent selection, from the practitioners' point-of-view, is strongly linked to employees' high performance and not their relationships. In this regard, a senior practitioner commented:

'I can say that talent selection has become more accurate... in the past, the hospitals did not apply the employment policies accurately, as they were heavily dependent on relationships and 'Wasta' in selection process... now, however, with talent management program, hospitals become more obligated to conduct many committees to ensure the implementation of employment policies correctly, and with the development process as well, which depends heavily on selecting the most qualified employees.'

Similarly, a senior practitioner in the emergency medicine department at institution C asserted that the selection process had become more organised, specific, and primarily based on employees' high performance and capabilities:

' Basically, the MOH is setting policies for selecting employees for each position and for each development programs so it is organised and hospital role is to implement these policies and recruit employees according to these specific job requirements... so it is not possible to recruit doctors who are not yet completing his fellowship in a specific area. Also, only high performers will be able to get a

development program. The competition for the development programs is higher today as I mentioned before only high performers will be accepted.'

Other interviewees, when asked for their perspectives of the TM program in terms of talent identification, mentioned that it is focused exclusively on rare specialities. In this regard, one practitioner at institution B asserted:

'Today our hospital and the MOH, in general, is more focusing on most rare specialities, which is highly needed. For example, in Tabuk City, there are no many cardiologists consultant doctors. However, this year there are some doctors who came back from their fellowship programs and also there are many doctors who study abroad and very soon they will come back to fill their positions as consultant doctors.'

Similarly, a senior practitioner at institution B mentioned that:

'Today I can see that the MOH is focusing on identifying high performers employees in some specialities. For example as a specialist at kidney diseases, I can say that there are not enough highly qualified consultant doctors in this field, therefore, the MOH recently focuses on developing not all employees but some highly needed specialities to create a trained doctors pool. However, developing doctors is not a short term plan it is taking many years to finish the fellowship program. So yeah, it is quite a challenging time but we are waiting for my colleagues to come back and resume their job here.'

The study found that in the view of practitioners, managers have a great role in implementing TM activities successfully. Practitioners pointed out that line managers are “talent spotters.” As noted by a midwife at institution B:

'I would say that it is important in this stage of healthcare transformation phase to choose managers and heads of department wisely those who have the abilities to identify talents and to know correctly based on what this employee is talented. So yeah, managers have a significant role in the talent identification process therefore, the right manager should be chosen for the right position. The line manager in our unit is a 'talent spotter', as he is the one who is authorized in the hierarchy to identify potential employees who are high performers and those who

are able to undertake other higher roles in the future. Our manager did not give great attention to retaining highly qualified employees who leave this hospital.'

Another consultant doctor at institution C mentioned that:

'Talent management focuses on talented competences as an important asset and this consistent with the Saudi 2030 vision. What I would like to say here is that the MOH vision is focused on talents and competencies as important assets and that's good... now only there is a need to develop managers in these areas to implement policies effectively and in a right manner. There are some steps from the MOH to retain, develop and recruit talent. There are still managers don not implement the MOH policies towards talent in their department... we can see that there is talent turnover because of bad management toward them.'

This section outlines the findings on the employees' perspectives of TM program using recruitment, identification, retention and engagement processes at institution B and C. The study shows that the TM program advertises internally for vacant jobs in case of internal transfers of employees. One employee mentioned that:

'The hospital is using internal recruitment in case of internal transfers. Before three years I was working in a different hospital... basically, it is located in a rural and I was upset because I want to work in a bigger region and I want to practice what I have learned. So I applied for an internal transfer and I got my job here.'

The study also revealed that employees perspectives of the TM program as a way of external recruitment through external agencies that works with the MOH. One employee mentioned that:

' Not in all cases the hospital is able to recruit internally, sometimes there is a shortage of employees and there is no internal employees can fill this vacant position. In this case, the hospital will recruit externally. The specialist doctor in our department is from America and basically through external agencies that works with the MOH.'

The evidence has shown that employees' perspective of talent retention is that it bonds their relationship with their organisation for a longer time. As part of the healthcare sector reform plan, the TM program introduced an exclusive allowance for retaining talented

employees with the hope of motivating highly-qualified staff. In this regard, the responses of respondents were divided into those satisfied with TM retention practices and those not very satisfied. Employees who were satisfied observed that the MOH has taken a series of steps towards talent retention, as there are additional retention policies for talented high performers, employees who research/publish scientific papers, and those in high-demand specialities. Consequently, some employees exert greater effort to meet the standards sought by the organisation. However, employees have non-financial needs beyond receiving a letter of commendation. Some are concerned with having a work environment that encourages teamwork and effective communication. In this regard, the MOH implemented an “Excellence” allowance not only for research and publishing scientific papers but also for awareness campaigns for patients. These awareness campaigns contribute to building a climate of employees and the MOH working together for the same goals, which, in this case, is to educate patients on disease prevention. The goal is among the MOH 2030 Vision objectives. Many participants stressed the importance of teamwork, as one physical therapist at institution B commented:

'The MOH recently stress the importance of collaborative teamwork and team building. This is obvious to me through encouraging healthcare staff to participate in volunteering work for having the excellence allowance... in my job scale, it is essential to work as teamwork, to share our treatment methods by peer review, by training us every month through workshop in this department... the I am a firm believer in team building, I believe that one person effort is not enough to achieve the desired goals... I can't with my attempt only provide high quality of health services to our patients... so, the MOH through its 2030 vision focuses is never on individual performance, it's never me or you, it's we... it focuses on creating a work environment in which the spirit of teamwork, which I consider one of my important needs in my job. And this effective teamwork will work harder together to reach the overall objectives. To create this culture the MOH provided an Excellence allowance for these activities to motivate people by reaching their different needs.'

Another employee at institution B reported that the TM program implemented talent retention activities through focusing on creating a job environment that encourages innovation and creativity. A senior employee asserted:

'Yes, one of the important retention policy is that the ministry of health has added lately a new allowance has been approved for the health staff, which is the Excellence Awards allowance, which is a 30% of the basic salary. And within the conditions to obtain an estimate (excellent) for the evaluation of the last two years in the report of performance. For example, some of these conditions may have been included in a working paper in seminars and medical conferences, publishing scientific papers in court magazines, providing a patent in his medical field and other conditions. So this year I was able to get this allowance because of the publication of a scientific paper and my participation in a distinguished medical conference in Switzerland in the field of orthopaedic surgery. I was very happy with this allowance for excellence, and I felt that the Ministry of Health in collaboration with the hospital focused heavily on the privileged in the field of their work and provided them with many incentives and benefits in addition to the training programs distinguished. I can say that my hospital provided a stimulating environment for creativity to who want to be more talent.'

Another doctor commented that:

'Yes, I received a thanks letter from the head of the department and the senior manager of the hospital and I got an 'excellence' allowance... so yeah, there are many way to identify who is talented doctors in our hospital as the MOH approved this allowance based on its belief that it is important to identify talents and appreciate their distinguish performance.'

The MOH pays more attention to some specialities that are highly required in the labour market by providing special retention policies for those scarce specialities and those who fill key positions.

One doctor at institution B she asserted that:

' Yes, as a consultant doctor I have a very good reward package... uh... for example, scarcity and ability allowance, housing allowance, transportation allowance and yeh you know overtime and excellent allowance and many other

incentives. So Yes, in my opinion, it is very effective it makes me satisfied, works harder, as I feel that they do take care of me and my needs. So yeah, I feel very pleased with this TM retention policies.'

While another doctor at institution c she complains that:

'In my opinion, I think that talent retention is not effective as it doesn't focus on all talented employees. I suggest that doctors in family medicine should receive scarcity allowance and infection allowance just like other doctors in different specialities. As all employees have housing and transportation allowance added to their salary monthly but the medical staff is slightly different because they have more privileges and allowances; such as infection allowance, scarcity allowances, training and supervision allowance. But scarcity and infection allowance not for all specialities... again, I wish if these two allowances for all specialities.'

Similarly, an administrative staff complains that they did not receive the same attention that the medical staff received. One employee at institution B said:

'If you look at the administrative level, it is not necessarily effective because they feel that there is a difference between them and the other staff (doctors, nurses, laboratory, etc.) in term of retention policies and allowance and even their payment wages. This is because medical staff receive more incentives and allowance, which means that they receive more attention than them (administrative staff).'

Thus, it could be argued that talent retention efforts may be a source of demotivation for those who are excluded from these retention practices.

In terms of talent engagement, employees described their perspectives of the TM engagement program in accordance with their understanding of talent engagement as a means of creating a good relationship between the organisation and its employees. In this regard, employees at institution B defined talent management as:

'Talent engagement is to create a good relationship between us (employees) and our organisation... this relationship will generate loyal employees to their organisation, which will make us go beyond what is required from us to achieve our organisation's goals and objectives.'

Likewise, talent engagement is seen by employees as a practice that can foster innovation, creativity and employees performance. An employee at institution C said:

'... So, I think that yes I am engaged to the delivery of healthcare delivery and I think the responsibility that my colleagues and I should put our best foot forward to provide a high quality of health care to our patients. There are certain areas of concern in our daily job and we are finding ways and means on how we can be creative and how we can improve our performance even if that cost us to stay longer in our job or to put more effort to persuade our patients to go beyond their fears and start their treatment sessions. My hospital doesn't need to pay me overtime for all the extra time I spent with my patients. But whatever is possible to do from my side, I will absolutely do... because I know it would pay off eventually.'

The evidence has shown that TM engagement program bonded their relationship with their organisation by participating in the decision-making process. One employee at institution C pointed out that:

'Through the monthly meeting with the head of the department and our supervisors, we can share our point of views and listen to our suggestion about the issues that affect the medical services during hajj and Umrah. and at the same time give us (employees) the opportunity to give our a suggestion solutions through these meeting we can share in the problem-solving process... this let me more engaged with my institution and I understand my responsibility towards my department's performance... that makes me do my best to enhance my job performance.'

Employees point of view of talent engagement has also linked to job satisfaction. A Surgeon at institution B commented that:

'I am very satisfied with my job and that makes me want to go beyond my job requirements and engaged... I always make sure to do my best to my patients even if this required to stay extra time in the hospital with patients... sometimes it happened that one of our colleagues become sick and got a sick leave... sometimes, I deal with my patients and their family as well... it is not required from me to deal with my patients family but because they usually feel very stressed that their daughter, husband or wife will do a surgery and that fear will reflect to my patients and that might cause that the patient will be afraid to go through the process of doing the surgery... so that, I make sure to reassure patients family because of its

impact on my patient's. It is more load for me to do this effort but I would rather do it because at the end I aim to make my patient satisfy and happy with the result by crossing their fears and do the surgery if it is necessary.'

Furthermore, goals and objectives transparency has an effect on talent engagement and practices. One senior employee at institution C mentioned that:

'Ok basically, we are always here working towards the achievement of clearly communicated objectives. We have patients we have to serve, and we have quality care standards and criteria we should achieve and cover it consistently and at the same time we have to follow these criteria accurately... all that regulations and patients safety criteria to mainly decrease the medical errors and to ensure our patients safety... so yeah, to achieve the MOH objectives, there is a necessity for talented doctors who are able to add their fingerprint to raising the organisational performance... Ok let explain this part, I will tell you about myself... I feel that I am engaged in my job and I feel the responsibility that I have to reach 2030 vision objectives by providing high-quality medical services to my patients... so yeah, I feel that relationship between me, my organisation and my patients is something beyond job satisfaction or motivation, but it is about my behaviour and interactions in my workplace. I make sure that I support my colleagues whenever they need help they will find me and I always tell my colleagues that do not hesitate to ask me to cover duty or answer a question in regard to our job or after finishing my patients surgery I make sure that resident doctors feel free to ask me any questions... these continuous communications will improv our job performance, as we feel engaged to each other, support each other and therefore committed towards our patients to implement the safety and quality criteria to prevent any medical errors by doing surgeries to our patients according to safety standards. So yeah, I feel that I am engaged in the delivery of healthcare delivery.'

A synthesis of all practitioners' perspectives of the TM program mentioned above is that employees' perspectives highlighted the importance of managers and leaders' abilities and skills in identifying talent successfully; however, the study illustrated that employees link TM identification practices with managers and their relationships with employees. On the other hand, the results revealed that talent selection, from the employees' point-of-view,

is strongly linked to an employee's superior performance and not with their relationships. The employees also pointed out that the TM program is practising an exclusionary approach towards highly-qualified employees in certain key positions (doctors, nurses, and pharmacists). The practitioners in this study held the opinion that managers have the greater role in implementing TM identification practices successfully, as employees considered managers the "talent spotters." The study further reported that the TM program uses both internal (announcements) and external (agencies working with MOH) recruitment methods. In terms of talent retention, employees noted that the TM program provides financial and non-financial incentives. In terms of exclusivity, the study confirmed that the TM program has implemented new financial incentives (Excellence Allowance Rewards) for creative health staff to encourage an innovative job environment and that the TM program focuses exclusively on retaining employees practicing infrequent specialities and those who fill key positions. Thus, not all employees are included, which might be a source of demotivation for those excluded from these retention practices. The evidence has shown that employees' perspectives of talent retention are divided into those who are satisfied with TM retention practices and those less satisfied. The study confirmed that the TM program implemented an exclusive "Excellence Reward Allowance" for creative and inventive employees. From employees' perspectives, the TM program provides non-financial incentives to retain talents. In terms of talent engagement, employees described their perspectives of the TM engagement program through their understanding of talent engagement as a means of creating a good relationship between an organisation and its employees by including talents in the decision-making process. Likewise, the study affirmed that TM engagement practices foster innovation, creativity, and employee performance.

5.3.1.5 Managements' perspectives of the effect of recruitment, selection, retention and engagement on TM at institution D

Institution D offers level I healthcare services. Although all departments designed to deliver healthcare services may seem similar to those found at level II facilities, the degree and skills mix of the personnel, the equipment, and the space allocations at a level I hospital differ significantly. Inevitably, for a variety of reasons, patients must be referred to level II from level I. However, when minimal services are lacking, the number of referrals can become astronomical. This study found that management at institution D emphasised TM development in terms of recruitment of higher performers, but this is not without its difficulties. Even when institution D manages to recruit an adequate number of higher performers, the study found that the attrition rate is correspondingly high. It becomes an almost never-ending process. The managers interviewed also underscored the importance of recruiting high competencies to enhance overall institutional performance through those employees, whether internally or externally recruited, as evidenced by the following quote:

'Basically, the MOH is setting policies for recruitment for each position so it is organised and hospital role is to implement these policies and recruit employees according to these specific job requirements... we need high competencies medical staff to decrease the number of medical referral to other higher-level health institutions... What happened here is that we face difficulties in recruiting employees internally, where trained doctors are considering this hospital is lower than their capabilities... I can say that employees who received development programs prefer to work in another hospital with a higher level of medical services... Therefore, usually, recruitment is external for newly graduated doctors.'

In the same vein, one manager commented that the level of institution D is not an attractive environment for higher-performing doctors, and medical facilitators are not available to give them the impetus to practice what they learned in development programs:

'As you know, as a first-level health institution we have only a few specialised doctors, and often only one general practice physician in a department can serve our patients... in some cases, it happened that one of our best employees transferred to another hospital after having his fellowship program... and the problem is that we invest in our employees and train them but unfortunately they transfer to one of the public hospitals... the other problem is that we wait a long time to assign new doctor for this position... in the meantime, the MOH provides us with a temporary doctor until a new employee is appointed to this position. Recruitment usually for new doctors who do not have any functional experience. In my opinion, doctors who are highly qualified prefer not to work in our hospital as it is lower than their qualifications and it is not an attractive environment for those highly professions doctors, as the medical services available do not give them the freedom to practice what they learned through their development programs. '

In terms of talent identification, the study shows that managers use the PM as an essential tool to identify high performers employees. One middle manager at institution D commented:

'When I say identification that is not a simple step... determining high performers employees entails many things... first, who will be chosen for development programs, who will be chosen to fill higher positions, and many other things... but first I will explain how we as a managers can identify high performers... we mainly use the PM as an essential tool to evaluate employees performance, so yeah, this tool helps me to identify who is higher performers in this department. '

In terms of talent retention, the empirical findings showed that talented employees migrated. The majority of managers reported that they are not very happy as many employees prefer to work in one of the big cities, where they can provide more medical services to patients and this affects the level of services provided to patients. One manager said:

' I can say that our employees who have undergone in one of the development programs usually have a very high intention to leave this health institution and

move to bigger cities. No doubt this is effecting on our job performance as they move after gaining new knowledge and skills.'

In terms of talent engagement, findings indicated that managements perspectives of TM program in this regard are that talent engagement is very important to improve employees participation and increase organisational operation. One manager said:

'Highly qualified employees should be engaged with the organisation that means, in my opinion, that they will feel that they have a big responsibility to achieve the MOH goals and their role in our department performance... that will help to let employees more motivated to work hard to achieve that goal.'

However, from a managements point of view, the study findings showed that managers were not happy with the level of talent engagement process in their health institution. One manager asserted that:

' I cannot say that highly qualified employees are engaged... usually, our employees whether they receive development programs or not, they prefer to transfer to another hospital in a bigger city... the geographical area is not very favourable for employees that's makes highly qualified employees not very engaged with this hospital... but that does not mean that they are not engaged with the MOH in general.'

Overall, results showed that recruitment under the TM program at health institutions in rural areas faces certain difficulties, as highly-qualified professionals in Saudi Arabia prefer to work in a bigger city. However, the managers who were generally satisfied with the program observed that the talent selection process is exclusively for highly-qualified employees in only some specialities and professions (doctors, nurses, and pharmacists). Furthermore, this study showed that managers see that the TM program uses PM as an essential tool to identify high-performing employees. In terms of talent retention, the empirical findings showed that there is high turnover; managers described the TM program at institution D as facing internal talent-migration to other higher level health institution within the MOH. The majority of managers reported that they are unsatisfied, as many employees prefer to work in one of the big cities where they can provide more

medical services to patients, and this affects the level of services available for patients at institution D. Managers also expressed the opinion that the TM program has an important role in talent engagement, but they were unhappy with the level of talent engagement in their health institution.

5.3.1.6 Practitioners' perspectives of the effect of recruitment, selection, retention and engagement on TM at institution D

The findings of this research indicated that practitioners' perspectives of the TM program in a rural area were less favourable than those reported in small regions and big cities. With regard to selection under the TM program, it was seen in essentially the same light as observed in other regions that only high performers will be affected by these programs.

One practitioner commented:

'My performance is the main way to identify if I am talented pharmacist or not... my job performance is high for many times... I got a thanks letter for being the employee of the month also for many times... I do my job with passion and with a hard effort which makes me a talented employee in my field... my job performance allows me to be accepted in one of the development programs next year as I will go to Australia to have a master degree in my speciality. To be honest, it took a long time to be accepted in this development program but at least I got the opportunity.'

Another practitioner feel biased from his manager because he was not selected in a development program, when asked about talent selection, said:

'We are only two doctors in this department and that affected my ability to obtain a development program... my manager refused to let me have a development program because there are not enough employees to cover my duties... however, my colleague in my department have been accepted to have a development program... this makes me think that maybe relationship with my manager is more important than my performance.'

In term of selection for a vacant job, informants also asserted that only high performers and highly qualified employees will fill job vacancies. One employee commented that:

'The MOH set clear requirements for each job position and health institutions should implement these requirements correctly... what I mean here is that each job position has it is own requirements... and because we are in rural it is really hard to attract those highly qualified employees as they prefer to work in big cities... doctors in my speciality here are very few due to the region in which we work... I am planning to transfer to another bigger city... I already applied but I am still waiting. I cannot get the approval to transfer to another region if there is no replacement employee and this employee should match this job requirement... which makes it very complicated for employees selection and recruitment. '

Furthermore, employees at institution D sees PM as an important identification tool for the TM program. One employee mentioned that:

'As you know, each employee here is constantly evaluated monthly, semi-annually to obtain the final assessment at the end of each year, which is the annual assessment of the employee... This assessment shows the strengths and weaknesses point of each staff, which helps to identify the outstanding and distinguished employees... Employee evaluation in my point of view is an important tool to identify talented people in the department. '

The study shows that employees perspectives of the TM program is that it is using a blend of both internal and external recruitment to fill the vacant jobs. One employee remarked that:

'Ok, the hospital is using both internal and external recruitment. First, the MOH will recruit internally, however, on the occasion of there are no employees can fill this position the MOH will recruit externally. '

Likewise, the study shows that the hospital recruits internally, but the process of recruitment is slow at health institution D. One employee asserted that:

'And sometimes even if there is a need to recruit employees whether internally or externally, the procedures are very slow. Sometimes we need to fill a specific position as soon as possible, but the hospital is not able to find the employees with in-demand requirements for this job position in the time mean so yeah this effect

on the department service flow and consequently effect on clinical capacity in the hospital... or it takes time because of the bureaucracy. The recruitment application passes on several parties to be adopted and may take a long time if not months to approve it... which makes us suffer from a lack of staff. Another main reason for slow recruitment is our geographical location, as you know it is difficult to persuade trained employee to work in a rural.'

The study also revealed that the TM program using professional contacts/networks for recruitment. One employee mentioned that:

'Yes, I was hired in the MOH as a doctor because one of my relatives is a consultant doctor and he used his connections to recruit me. However, even though if you have a relative... candidate should own the needed qualifications to have this job.'

Furthermore, employees expressed their view of TM program toward talent retention and they linked it with incentives. One employee illustrated that:

'Yes, I get an additional allowance as I am working in this hospital (rural), which increases my salary. But anyway, this allowance is not very high so I rather work in a different region than having this allowance.'

Likewise, another employee mentioned that:

'Yes, one of the retention policies is that who works in rural get an additional allowance which makes my salary higher than other nurses working in other regions.'

Also, employees mentioned that there is a difficulty to retain employees who got a development program and looking for higher positions as they prefer to work in big cities and not in rural. In this regard, one employee reported that:

'Because our health institution in a rural and not in the city, so we face a problem to find consultant doctors to work here as an alternative to those who leave and move to other public hospitals in the Saudi cities. Those highly qualified employees prefer to work in a health institution with full medical equipment and with a high number of medical staff... and most importantly the location of the health institution they cannot bear to work in a rural.'

In term of talent engagement, employees also described their perspectives on talent engagement. Employees when asked if talent engagement practised in their health

institution, the majority answered no they don't feel that they are engaged. Here, one employee commented that:

' No, I cannot say that I am engaged in my job... as I mentioned before I cannot feel that I am developed in my career or in my abilities... the moment that I can transfer from here I will do without thinking twice.'

Another employee mentioned that:

' I don't feel that I can share my ideas or suggestions that can let us perform better with our patients with my manager... every time I suggest any thought that can enhance my performance with my manager he never listens to me... I ordered many time a development program to develop my abilities but unfortunately, he never accept my request as there is no other employee... also, our manager rarely conduct a meeting with employees to listen to their suggestions that can solve our daily problems here.'

Together, these results provide important insight into employees' perspectives of the TM program, as they saw the program as suffering from the scarcity of appropriate candidates and felt that managers' biases sometimes hinder qualified employees from reaching these goals. Managers' biases may occur in all institutions, but in a rural facility, it is more obvious to the employees due to the low number of personnel. Furthermore, the study showed that employees at institution D see PM as an important identification tool for the TM program. Employees' view of the program is that it uses a blend of both internal and external recruitment to fill vacant jobs but that the recruitment process at institution D is slow. The study revealed that the TM program uses professional contacts/networks for recruitment. In terms of talent retention, the current study found that TM retention practices are linked with incentives. Results revealed the difficulty of retaining employees identified as talents and those who had benefitted from a development program due to their inclination to look for higher positions in big cities, not in rural areas. In terms of talent engagement, the study revealed that the TM program faces difficulty in engaging talents at institution D.

5.3.2 Q2: To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?

5.3.2.1 Management's perspectives of TM training and development at institution A

This study showed that management's perspectives of talent training and development programs are that they provide a means of creating a talent pool to help ensure a supply of the right health employees in the right job positions at the right time. One senior manager remarked:

'There is further recognition of the importance of the creation of our talent pool... we first identify who are our potential employees then we develop them whether in-house or abroad. This will help us to face the obstacles of the ability to fill the vacant positions with the right people and the most important thing at the right time... we need to be ready to fill the sudden vacant jobs... if there is an employee will resign or retire then this will not be affecting our daily job flow in this department. So yeah one of the development programs goals is ensuring a supply of health employees who do the right things with our patients and according to the quality criteria requirements.'

Furthermore, this study shows that talent development programs have a great role in improving employees performance and to reach organisational goals. One middle manager commented that:

' For me as a manager, the identification of key health employees in this department and how to maximise their performance and potential over the long and short term will form the basis of our department performance. In my opinion, the links between improved the staff performance and their learning and growth through continuous development programs... will help to strengthened strategic alignment of our high performer's employees with the organisation's goals and objectives. What I mean here, if we invest in our high performer's employees skills and knowledge we will be able as teamwork to reach our organisational goal at the end of the day.'

The study found that management considers that TM development programs have an important role in improving employees' performance and reaching organisational goals

by investing in their abilities and skills. In this study, TM development programs were linked to talent retention. The study also illustrated that managers view talent-development programs as a means of creating a talent pool to help ensure a supply of the right health employees in the right job position at the right time.

5.3.2.2 Practitioners' perspectives of TM training and development at institution A

Practitioners linked TM development programs to the development of individual performance. This was alluded to by one employee who said:

'About four years ago, I have received a Fellowship program in Orthopaedic Surgery from the hospital. This development program allowed me to enhance my ability to perform surgeries on my patients without any medical errors. I also developed my abilities, skills, and performance to a high level of professionalism.'

The study also showed that employees view TM development programs as a path towards career development. Employees demonstrated that development programs contribute to the progress of their careers. A specialist physician in Obstetrics and Gynaecology at Health Institution A noted:

'The development programs contributed greatly to my career development... in addition to developing my knowledge, skills that are required which made me perform better in my current job... and this is what really happened... after passing my Speciality Fellowship Program in the UK I was able to fill this higher position and transferring from the rural that I was work in before to Riyadh City... it was a dream to work in this hospital... so yeah, without TM development I wouldn't be able to move to the city and find a better job opportunity.'

Similarly, employees linked their salary increments to having been selected in TM development programs. A senior employee commented:

'Based on my 14 years' experience and also my high performance, I was nominated for specialised courses in nursing. After passing three specialised courses, I was promoted to the position of nurse director of the dental clinic at the hospital. My promotion to this position gave me great motivation to work better and I am happy that my salary is pretty much higher now.'

The study also revealed that some employees underwent training, and upon completion, contrary to their expectation, no promotion was forthcoming, but they were happy because they attained the much-needed qualification and enjoyed their job. A senior employee remarked:

'I finished my Fellowship program, but yet I did not get the job promotion that matches to my qualification yet. The hospital informs me that the reason is that there is no empty position at the moment, and if I want to get a job promotion I have to apply for internal job vacant in another hospital or another region... however, I don't have any intention to leave Riyadh City and also the hospital promises me to give me the job promotion next year with the new budget of hospitals. So yeah, I feel happy that the hospital developed me but I still looking forward to promotion at my job. It is really important for me to be chosen and identified as high performers employees.'

In the same line, participants also highlighted the importance of development programs in terms of practising what they had learned, and most importantly, the MOH provided the necessary equipment to apply what they learned in practice and better serve their patients.

In this regard, one employee stated:

'Yes, I have got a fellowship program for heart catheterisation as one of the development programs paid from the hospital... as you know, there is a growing demand for these operations. And yeah, in our field as medicine develops rapidly, medical equipment and treatment techniques are evolving, and we must keep pace with all the rapid developments in this field by receiving continuous training. This training program has increased my efficiency in conducting surgical operations without medical errors. I am convinced that continuous training reduces medical errors resulting from lack of knowledge or lack of training and that what happened with me I did surgeries to my patients easily, more efficiently, without medical errors and fewer side effects. But what I believe more is that providing the latest equipment is very important to and this what happen here the MOH providing us with the latest medical equipment to apply what we learned and to keep practising what we learned to.'

Similarly, another senior employee mentioned that:

'The hospital provided us with the drugs and materials that we need to treat our patients with... I can say that it is no doubt that it is important to developing my skills and abilities but the most important to me is to provide us with drugs and materials... this process becomes more organised now... I observe that recently we rarely face the problem of medicine is out of stock. That helped me to reach my desired outcome with my patients by providing a high quality of medical services.'

The study also demonstrated that the Ministry of Health was practising a preferential approach to talent management with a focus on developing high-performing employees for certain professions (doctors, nurses, and pharmacists). This was supported by this comment from a senior employee:

' Primarily the TM program will choose and identify talents, and then developing high performers employees exclusively and not all specialities the hospital mainly focuses on developing doctors, nurses and pharmacists... so... I have to develop my self in my work, and I have to work hard to get high job performance... my job performance as a passageway for these development programs as they (the hospital, and the MOH) will choose the best and top performers only.'

Overall, the evidence presented in this section suggests that, from talented employees' perspective, TM training and development are seen as a means of career development, progress, and salary increments. The evidence in this regard shows that career development for employees, even without monetary remuneration, acts as a motivating factor. Furthermore, employees indicated that the TM program focuses exclusively on talented employees, high performers, and highly-qualified staff in its selection and development and primarily in certain professions (doctors, nurses, and pharmacists). Employees also mentioned that the TM program provides an enabling environment, including the availability of medical equipment, drugs, and materials, which they described as imperative to practice what they learned and to provide high-quality medical services.

5.3.2.3 Management's perspectives of TM training and development at institutions B and C

In terms of employee development, the study shows that the healthcare sector practices an exclusive approach towards developing employees, in that the program targets high performers in the categories of doctors, nurses, and pharmacists. A healthcare provider is not an organisation made up of these professionals alone—others play their roles too, such as bioscientists and radiologists, to name only a few, as one middle manager at institution B remarked:

'The MOH is focusing mainly on high performers employees and not all specialities and roles... mainly doctors, nurses and pharmacists are receiving the main attention. I can say that the budget of the training and development programs is only for these professions and I would like to add that not all specialities are receiving the same attention. As a cardiac doctor and the head of this unit I can say due to the disease trends heart disease are categorised as one of the ten disease that causes death in Saudi Arabia. At the same time, there is a shortage of highly qualified doctors and surgeons in this profession... so that the MOH is focusing on our speciality through development programs. We are facing increases cases of patients who are suffering from heart attack and other heart disease cases. However, my suggestion here is that it would be better to train Bioscientists and Radiologist because sometimes we receive wrong x-ray results as the radiologist did not do the x-ray in the right way and that affect our job and sometimes we send patients again to the x-ray... these mistakes, unfortunately, wasting patients time and effect on their satisfaction.'

Also, managers at institution C reported that the selection process is exclusively for medical staff (doctors, nurses, etc.). In this regard, one senior manager asserted that administrative staff are excluded from the TM development program:

'The MOH's budget of the development program focuses on doctors mainly. This is because the administrative staff hardly ever find development programs; such as Masters, scholarships, etc. This is mainly because they are only supposed to take part in short development programs for a couple of days. Here is an example, one of our talented staff applied for a Masters's degree scholarship in the UK. I

supported him and I approved the request but the hospital refused his request because they don't need this speciality as it is not required. However, this employee went and paid his own tuitions and had unpaid leave.'

Likewise, another manager complained that the MOH focuses mainly on medical staff rather than administrative staff in the selection process as it considered them support positions, not principal or key positions:

'I can say that our jobs as an administrative employees level we did not receive the same attention from the hospital... As a manager, I face difficulty to provide development programs for employees in this department. Our job here to support health care services but not to provide healthcare services here is the difference.'

Overall, the evidence presented in this section suggests that, from management's perspective, the TM program practices an exclusive approach towards developing employees, in that the program targets high performers in the category of doctors, nurses, and pharmacists. On this matter, management argued that TM development programs should be more inclusive.

5.3.2.4 Practitioners' perspectives of TM training and development at institutions B and C

This section outlines the findings on practitioners' perspectives of TM training and development programs at institutions B and C. Responses showed that practitioners view TM training and development programs as a way to develop their abilities and skills to provide better quality health services. A consultant employee at institution B said:

'Yes sure, as you know, today the health sector in Saudi Arabia is witnessing a major transformation to keep pace with the vision of the Kingdom 2030 in the areas of strengthening health services and increasing the training of medical, professional and nursing staff to contribute to providing the best health services to the community ... As everyone knows, the Ministry of Health announced the expansion projects in hospitals In all regions of the Kingdom ... This expansion needs qualified human cadres and trainers ... Therefore, The provision of training and development opportunities will ensure that our health employees have the necessary skills to fulfil their roles and to provide a high quality of health services.'

and that requires deliberate steps towards training staff by providing programs actually needed by the labor market to cover the shortage of lost capacity. So yeah, these development programs will help to balance between the supply and demand in the labor market... Hmm, ok I would like to explain that it is very important to Identify essential skills to be developed, or the existence of the scarcity of such specialty to be covered by these development programs... in our field as a cardiologist to achieve the required outputs. Medical science is constantly evolving, and there will be some skills and information to be acquired to keep pace with this rapid change in medical science. development programs that I went through helped me to enhance my job performance, which makes it easier for me to align my capabilities with health quality requirements. Now I am more able to implement the quality requirements and here, I can say that the TM program is following the right track.'

Other employees responses included that TM development programs have a great role to enhance their performance, where an employee at institution C included that:

'I was identified as a talent because of my abilities as a surgeon. I do surgeries for patients correctly with no side effects. Because of my high performance, I was chosen by the hospital for talent development programs that allow me to get the certificates in my field such as the Fellowship program in Ophthalmologist that I finish before seven months. These development programs let me achieve my needs by enhancing my abilities and skills. As health institutions come under increasing scrutiny to improve performance in terms of both efficiency and quality and patient outcomes, the MOH invests in us as employees and paying high budgets in many development programs in order to improve our performance to reach final outcomes. Mainly, I am happy that I was selected in the TM development programs, as it helped me to move to an excellent performance.'

Other interviewees, when asked for their perspectives of TM development programs, mentioned that they are exclusively focused on rarer specialities. In this regard, one employee at institution B asserted:

'Today development programs are more focused on most rare specialties, which is highly needed. For example, in Tabuk City, there are no many cardiologists consultant doctors. However, this year there are some doctors who came back

from their fellowship programs and also there are many doctors who study abroad and very soon they will come back to fill their positions as consultant doctors.'

Other employees also mentioned that TM development programs focus exclusively on specific specialities (doctors, nurses, and pharmacists). In this regard, an employee at institution C mentioned:

'Only high performers and particularly some specialities such as doctors, nurses and pharmacists are having the focus exclusively... I can say those talented health staff who got high job performance. It is not easy to be high performers employee with all these criteria from the medical quality or the other job criteria such as doing no medical errors. In our job to do less medical errors that's mean that this employee is super smart and very careful and precise in his\her job. So, TM program will develop high performers employees who shown unique abilities.'

Similarly, a Practitioner at institution B mentioned that:

'Development programs have a great role in the development of employees and it is one of the main needs for me as a pharmacist in this hospital. However, not all employees can receive development programs, but only high performers employees. Talented employees who have unique abilities one of their priority is to work in a supportive job environment... they cannot work in an organization do not develop their knowledge and career... in this case, they will leave because they have the needed skills and abilities that have a high demand in other hospitals... therefore, the 2030 vision has focused significantly on the development of talented staff. I studied my master's degree, and it was funded by my hospital as I was identified as a high performers employee... my performance and my abilities to do my job without any delay and to provide my patients with the drug formulation without any errors in the composition of the drugs, and also my ability to follow the standards of health quality in the storage of medicines... so yes, my performance highlighted me as a talented employee in my department.'

Furthermore, a number of practitioners mentioned that TM development programs effect on their career progression. One practitioners at institution C commented that:

'Certainly yes, for me, I consider that my development and acceptance in the development programs both within the Kingdom and outside make me feel the interest of my organization toward me. Some doctors in other departments

complain about the lack of training programs, and this undoubtedly affects negatively the performance of doctors. From my experience, after completing the development program, I feel that my knowledge has developed and therefore that reflected on my career advancement, where job promotions are often based mainly on the training hours that the employees have, in addition to years of experience. My fellowship program helped me to get my job promotion and I am very glad that I have this opportunity.'

Likewise, another senior practitioner at institution B pointed out that:

'I filled this position internally after I finished my (FHEA), my fellowship program in Adult Cardiology. There was an advertisement for a vacant job internally for a consultant doctor... I applied for this job vacancies as a consultant doctor in my department (cardiac sciences). The vacant was a consultant doctor in an Adult Cardiology... so yeah, I applied, and there was a committee to choose who would be accepted for this specific position and the head of the department conducted an interview with me and I was accepted as he (the head of the department) knows that I deserve this position and the hospital already developed me in this specific area, so I was recruited internally. so yes, I can say that developing me and selecting me in the TM development programs has provided career development opportunities for me.'

In the same line, practitioners' points of view about TM development programs were that they contribute to progress in their careers and being capable of filling a higher position in a level III public health institutions. One practitioner at institution C said:

'Also, the development program is essential for my career development as I got my job promotion to be a specialist doctor. So yeah I can say that this organisation is looking for talented employees those who are high performers and develop them to be able to fill higher positions. However, when I accomplish the Subspecialty Fellowship (Vitreoretinal Diseases and surgery) that I will finish it very soon, I will request a transfer from this hospital to a third level hospital, as you know this hospital is a second-level hospital... this hospital is far away from my family and it is characterised with the heavy workload as we serve pilgrims and Muslim people from all over the world during the twelve months. The situation here is really exhausted more than you can imagine.'

As well, one practitioner at institution B pointed out that:

' I have been working here for 7 years, and every time I apply to transfer to a bigger city I don't find any job vacancies in a third level hospital, and I prefer in a bigger city. However, After finishing my Specific Fellowship Program, it would be easier for me to apply to transfer. This is because the consultant doctors vacancies are more available than my current job position.'

Another aspect of practitioners' perspectives of TM development programs is that it helps them to increase their salaries. One practitioner at institution B mentioned that:

'Talent development programs helped me to sharpen my abilities and skills. Also, my development program helped me to increase my salary by getting my job promotion for my current position... at the moment that I finished my Fellowship Program (FHEA), I was able to apply for an internal job vacancy and I was accepted, as my qualifications match the job requirements.'

In view of all practitioners' perspectives on TM training and development programs mentioned above, it can be seen that they view them as instrumental to their career development, progress, and potential salary increments. Practitioners expressed that TM development programs helped them improve their performance and capabilities, thereby allowing them to achieve organisational goals. Practitioners verified that the TM development program is practising a preferential approach to the rarer specialities and towards highly-qualified employees in certain key positions (doctors, nurses, and pharmacists).

5.3.2.5 Management's perspectives of TM training and development at institution D

Likewise, the study showed that management views the TM development program as a path to internal migration, as managers illustrated that health institution D is considered a development infrastructure for talent who then transfer to other higher-level health institutions in different regions to practice what they learned. One manager commented that health institution D is not an attractive environment for those higher-performing

doctors—medical facilitators are not available to provide the impetus to practice what they learned in their development programs:

'As you know, as a first-level health institution we have only a few medical capacities, it frequently happens that we develop our employees but what happens is that they leave us to work in a higher health institution level to practice what they have learned. So I reached a point that I am not interested to develop employees here because they will leave us and we will have to wait for a long time to find a qualified and trained replacement employees who accept to work in this rural area. In my opinion, doctors who are highly qualified prefer not to work in our hospital as it is lower than their qualifications and it is not an attractive environment for those highly professions doctors, as the medical services available do not give them the freedom to practice what they learned through their development programs.'

Other practices confirmed by the managers were that TM training and development programs direct their focus exclusively to the selection of medical staff (doctors, nurses, and pharmacists). The managers acknowledged that talent selection is a critical practice that can affect the desired results. However, in their opinions, the shortage of qualified employees might delay the development of high-performing employees:

'Today the MOH focuses on two main areas in term of employees selection for development programs. First, the selection will include high performers only. Second, the development programs are approached exclusively for some specialities, not all specialities and professions. Medical staff (doctors, nurses, pharmacists) are having many development programs opportunities but they cannot have these chance to get a development program because of the scarcity of employee so there are not enough employees to cover these employees jobs.'

On the other hand, one manager expressed discontent with the talent development process for the development programs, and mentioned that:

' Laboratories staff in my department rarely receives development programs and they feel it is not fair not to focus on them as they feel that they are excluded.'

The results showed that the perspective of institution D's management on the TM development program was as a path to internal migration, in keeping with previous revelations that health centre D is considered a development infrastructure for talents who will subsequently transfer to other health institutions in different regions and to higher level facilities to practice what they learned. Moreover, managers held two contrasting perspectives, as some were happy, asserting that the talent selection process for TM development programs is preferential towards highly-qualified employees in certain specialities and professions (doctors, nurses, pharmacists), while others expressed another point-of-view in terms of talent development and complained that the TM training and development program's focus on some specialities results in the exclusion of the staff in their department.

5.3.2.6 Practitioners' perspectives of TM training and development at institution D

Practitioners' perspectives of TM training and development programs were expressed in several ways. Firstly, they viewed TM training and development programs as a way to develop employees' skills and abilities and enhance their performance, but the shortage of candidates in rural areas causes delays in the TM development process for talented employees. One practitioner commented:

'Development program enhanced my abilities... high performers employees who have unique abilities one of their priority is to work in a supportive job environment... and yeah, development programs are important to me... they cannot work in an organisation did not develop their knowledge and career... in this case, they will leave because they have the needed skills and abilities that have a high demand in other hospitals... therefore, I am looking forward to having more development programs but the main struggle is that I am the only employee here and there is no one can replace me during my development program period... TM development programs are quite good but I could not get the opportunity in a fast manner because there are not enough employees.'

Similarly, the scarcity of employees in rural might sometimes let highly qualified employees not having any development programs for that reason. For example, one practitioner said:

'Until today I did not receive any development program and that annoys me a lot and makes me feel that I will not be able to develop my abilities. I am the only doctor in this department and that is why I consider it illogical because a greater number must be employed, but the geographic medical institution site makes the employees not preferring to work here... I thought it will be a temporary period to work here but to transfer to another region or to get a development program this department should have another doctor who replaces me.'

Furthermore, practitioners complain that they cannot practice what they learned because there are not enough medical equipment. One practitioner asserted that:

'I am a doctor here yes... but if there is any big issue faced our patients we cannot provide a full service for them as there are no operations rooms or tools that allow us to provide any complicated medical operation... in this case, we transfer this patient to another bigger region which has more medical equipment comparing with us.'

Secondly, practitioners' perspectives of TM development programs is that it has a significant role in their career progression.

'I expect that the hospital will develop me, as it is necessary for my progression in my job. But so far this is not what happens as I did not get any development programs yet... one of my colleagues got a development program and that helped him in transferring to a bigger region and filling higher position there... I was newly recruited and I applied to transfer to Riyadh City.'

Thirdly, practitioners' perspectives of TM development programs is that it plays an important role in increasing their salary. Talking about this one practitioner said:

'If I got a development program that means I will be able to fill a higher position and at the end of the day my salary will increase as well... I am looking for a development program to feel my job progression and no doubt to increase my salary.'

Fourthly, practitioners mentioned that the MOH is exclusively developing high-performers employees, however, managers ability to evaluate employees is effecting on this process greatly. One practitioner argued that:

'As you know, the MOH set terms and conditions to the development program. Primarily, employees should be high performers to be accepted in any development program. However, not all managers are able to evaluate correctly and accurately and without biases... in my opinion, managers should evaluate employees in a good way that ensure identifying who is the talented employee in the department and not evaluating them based on their relationship with employees. there are policies to choose the best for the development programs... yes... but not all managers yet are able to implement these policies in a right way to ensure that organisational desired output will be obtained.'

Together, these results provide important insight into practitioners' perspectives of TM development programs as they view TM programs as a way to increase their abilities and salaries and advance their careers. Practitioners also mentioned that the TM program focuses exclusively on high-performing employees. However, even those high performers might not be able to be involved in these development programs because there are no other employees who can cover their duties during training. In this sense, practitioners expressed that health institutions in rural areas lack human capital in the required number, as well as the medical equipment needed to treat patients, necessitating the referral of patients needing more advanced medical care to another region with the capacity to serve them.

5.3.3 Q3: To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?

5.3.3.1 Management's perspectives of TM and quality of healthcare sector at Institution A

The evidence collected in this study revealed that TM in hospitals was mainly targeted at improving the quality of healthcare delivery. Both management and practitioners at institution A explained that TM development translates into outputs intended to reach the

desired outcomes contemplated for the healthcare sector in the Saudi 2030 Vision. Most respondents from institution A pointed out that the most relevant TM training and development programs in the healthcare sector aim to improve the quality of healthcare services, which will transform the organisation's activities into a reduction of the disease burden. One senior manager commented that the function of the TM program in hospital operations is:

'Hmmm... in this transformation phase of the MOH, I believe there is a need for talented employees. Talent management program worked for hand in hand with the MOH to reach the quality standard and the health indicators that are required. And this by developing those highly qualified employees to reach the desired outcome... One of the indicators of quality health care services that already achieved is the reduction of the number of maternal mortality during childbirth by reducing medical errors and by raising the efficiency of doctors and midwives in this field through development programs... and this has already happened where the rate of maternal deaths in Saudi Arabia is equivalent to 17% in 2013 employees, and it decreased to 14.3% in 2018. This shows that employees performance is developed... yeah, lower maternal mortality, lower complication rates and shorter length of stay in our hospital will for sure led to lower costs by avoiding the costs of poor health services quality. I can say that the health care sector is walking in the right direction by bringing out higher health performance, achievements, and results... today the hospital is looking more these are desired outputs that the MOH is looking for. I can say that employees development exists in the health system as one of the 2030 vision goals to ensure high-quality care for all.'

In answer to the research question regarding the extent to which talent management contributes to the quality of healthcare sector delivery, the study revealed that the implementation of TM development has seen a reduction in the major causes of morbidity and mortality. For example, maternal mortality was reduced from 17% in 2013 to 14.3% in 2018.

Furthermore, empirical evidence points to the fact that management linked the TM program in terms of recruiting talent as a way to gain a competitive advantage and higher organisational performance, thereby reaching 2030 Vision objectives. The evidence showed that the management perspective focuses on the impact of highly-skilled employees on key health performance indicators, such as decreases in the number of medical errors, which can lead to cost reduction. One middle manager mentioned:

' Simply put, employees who excel in their work have special abilities that make it easier for the hospital to reach their ultimate goals. When we, as a part of the hospital, developing plans to raise the quality of health services, it is necessary for my opinion to focus on the staff who can implement this vision. Some medical errors occur because of the lack of highly qualified people. Therefore, to avoid high costs due to repeated medical errors, it is necessary to recruit suitable people who can develop the health wheel in Saudi Arabia. Today we need outstanding people who are considered as a potential for transformation program 2020 in the healthcare sector. This has been mentioned in the healthcare Saudi vision 2030 which focus mainly on highly qualified people.'

In view of all management perspectives of the TM programs mentioned above, it seems that the management perspective of the TM program at institution A is that it leads to gaining a competitive advantage through the acquisition of highly-skilled employees to achieve organisational goals. Management also acknowledged that the TM program has an impact on key health performance indicators, such as declining numbers of medical errors, by developing high-performing employees, which translates into cost reductions.

5.3.3.2 Practitioners' perspectives of TM and quality of healthcare sector at institution A

To understand the effect of TM programs on the quality of healthcare services in Saudi Arabia, the third research question was formulated with a view to examining the quality of healthcare services. Practitioners linked the TM development program to strengthening

individual performance and with high-quality services as an outcome of the development programs. This was alluded to by one practitioner as follows:

'About four years ago, I have received a Fellowship program in Orthopaedic Surgery from the hospital. This development program allowed me to enhance my ability to perform surgeries on my patients without any medical errors. I also developed my abilities, skills, and performance to a high level of professionalism, which therefore reflect on the quality of healthcare services as an outcome of the continuous development programs that we received as a health staff in this department.'

In light of this, the study verifies that TM programs have had an effect on improving employee performance by developing high-performing employees, which results in advancements in the quality of health services.

5.3.3.3 Management's perspectives of TM and quality of healthcare sector at institutions B and C

To further examine the effects of TM programs in the healthcare sector, the study looked at two level II health institutions' development in which TM played an important role in increasing the quality of healthcare services. In addition, TM development played an important role in reducing medical errors in healthcare delivery. This was confirmed by a senior manager who commented:

'Talent management has a significant role in the quality of healthcare services by developing talented employees to reduce medical errors. In Tabuk for example, the number of medical errors witnessed huge progress as it reached 87 medical errors in Tabuk hospitals, but in 2018 it reached 3 medical errors only. This is a major advance in medical services provided to patients.'

Similarly, another senior manager at Health Institution C noted that:

' For sure, if we own talented employees and they receive good management focusing exclusively on them, then that will help us as a department and the hospital in general to meet the quality criteria. Since we are working in the healthcare sector, then we are knowledge-based organisations, and so we depend on our superior employees... so yeah, I believe that talents employees are

important assets in the hospital, and therefore, we have to take care of our superior knowledge assets. As long as all ophthalmologists in this hospital are qualified, then this will facilitate to meet the quality criteria without any mistakes or medical errors. Consequently, that will help to raise the quality of this hospital medical services. Talent management has a significant role in the quality of healthcare services by developing talented employees to reduce medical errors. In Makkah for example, the number of medical errors witnessed huge progress as it reached 105 medical errors in 2015, but in 2018 it reached 15 medical error only. This is a major advance in medical services provided to patients.'

The study also demonstrates that TM programs have the potential to impact many patients by providing high-quality medical services through talented professionals. One senior manager commented:

'Talent management department trying to face the yearly challenge of the MOH in Makkah during the Hajj period, by training and developing talented medical staff who are identified as high performers. This helps us raising the readiness of the MOH during the Hajj period where there are millions of people who comes every year to do Hajj. Developing talented employees to increase their numbers reflects on the medical results, as there is a significant development in the health care sector results in many areas. The MOH became able to receive more pilgrims patients during the Hajj season by training a large number of medical staff. As the number of outpatient visits in 2014 was 400,430 but in 2018 the MOH is treating 586,587 patients for five days only. The development of employees' abilities and capabilities has made the MOH able to serve more patients and more effectively by providing high-quality medical services.'

The study's findings point to the fact that TM development has impacted some health indicators, such as the infant mortality rate. One senior manager commented:

'The tremendous efforts made by the MOH to raise the quality of health services have greatly affected health outcomes, as the infant mortality rate, for example, has decreased significantly in recent years it reached 7.4 this year (2018).'

Further, research findings indicated that TM programs' effect on retaining talent is important in hospital operations in general, but it prompts internal migration at institutions B and C.

' Yes, talent development programs effect on overall institution performance, however, in our hospital it causes an internal migration within the MOH hospitals... those highly qualified employees who were chosen to be developed usually transfer to other hospitals that provided more facilities and equipments to practice what they have learned... and to fill vacant positions at these hospitals where there is still a scarcity in some specialities.'

The study revealed that since the implementation of Vision 2030, the TM program has improved high-performing employees who are more qualified and their performance level has been raised.

' There is high pressure on the public hospitals, many patients visit hospitals and not all departments have enough number of doctors, which causes stress on doctors and they feel exhausted and tired... in this case and to face our doctors frustration feelings that they go through talent engagement is one of the practices that focus on talented employees to let them feel that they are working in a favourable job environment with a supportive management and cooperative colleagues that will enable those skilled employees to step over these bad feelings and they feel engaged emotionally to their jobs... yes, I believe that all employees here in the hospital at all levels play a central role in implementing solid policies and strategies of the MOH that concentrate mainly on patients safety and go towards comprehensive health coverage... yes as you know the MOH sets policies that employees should implement... for example, there is a policy for CBAHI and us as a doctor should follow it cautiously... to ensure a comprehensive health coverage to our patients... that's why hospitals today need employees who are engaged with their organisations and those who share the responsibility to achieve the final objectives.'

Overall, these results indicate that the TM program affects health outcomes through development programs that increase practitioners' efficiencies and competencies. The evidence showed that TM development programs play an important role in increasing the

quality of healthcare services. At institutions B and C, talent-development programs have led to internal migration within MOH hospitals but have nonetheless improved organisational performance.

5.3.3.4 Practitioners' perspectives of TM and quality of healthcare sector at institutions B and C

The study showed that practitioners also view TM programs as a way to improve health quality outcomes. Many respondents expressed the importance of development programs to improve their abilities and skills to provide better quality health services. A consultant practitioner at institution B remarked:

'Yes sure, as you know, today the health sector in Saudi Arabia is witnessing a major transformation to keep pace with the vision of the Kingdom 2030 in the areas of strengthening health services and increasing the training of medical, professional and nursing staff to contribute to providing the best health services to the community ... As everyone knows, the Ministry of Health announced the expansion projects in hospitals In all regions of the Kingdom ... This expansion needs qualified human cadres and trainers ... Therefore, The provision of training and development opportunities will ensure that our health employees have the necessary skills to fulfill their roles and to provide a high quality of health services. and that requires deliberate steps towards training staff by providing programs actually needed by the labor market to cover the shortage of lost capacity. So yeah, these development programs will help to balance between the supply and demand in the labor market... Hmm, ok I would like to explain that it is very important to Identify essential skills to be developed, or the existence of the scarcity of such specialty to be covered by these development programs... in our field as a cardiologist to achieve the required outputs. Medical science is constantly evolving, and there will be some skills and information to be acquired to keep pace with this rapid change in medical science. Development programs that I went through helped me to enhance my job performance, which makes it easier for me to align my capabilities with health quality requirements. Now I am more able to

implement the quality requirements and here, I can say that the TM program is following the right track.'

Other practitioners' responses included that TM development programs have a great role in enhancing their performance. A practitioner at institution C added:

'I was identified as a talent because of my abilities as a surgeon. I do surgeries for patients correctly with no side effects. Because of my high performance, I was chosen by the hospital for talent development programs that allow me to get the certificates in my field such as the Fellowship program in Ophthalmologist that I finish before seven months. These development programs let me achieve my needs by enhancing my abilities and skills. As health institutions come under increasing scrutiny to improve performance in terms of both efficiency and quality and patient outcomes, the MOH invests in us as employees and paying high budgets in many development programs in order to improve our performance to reach final outcomes. Mainly, I am happy that I was selected in the TM development programs, as it helped me to move to an excellent performance.'

In sum, the study revealed that development programs conducted under the TM program have an important role in improving the quality of healthcare services.

5.3.3.5 Management's perspectives of TM and quality of healthcare sector at institution D

The study found that the TM program strives to provide high-quality medical services to patients by ensuring that high-performing employees are available in this health institution. This was supported by one senior manager who commented:

'The Saudi MOH is seeking to provide distinguished medical services to patients with high quality, and that aim is reached through highly qualified employees. To achieve this objective, talent management gives great attention to recruit, retain, develop and engage those talents successfully... as manager in this hospital, I noticed that it is gradually activated talent management more accurately... by providing high performing employees to work in this health institution... however, I can't say that the situation is perfectly solved but at least we can see some steps toward employment with the right people... the geographical area of the hospital

is a reason where most of the staffs prefer to work in major cities rather than here... so that, I emphasise that TM program help to fill the gap on needed skills, to develop this region health care services.'

The study also found that the quality of health services at institution D has improved in terms of its ability to deal with critical medical conditions. One middle manager commented:

' I can tell you that our yearly reports showing an improvement in the critical conditions and critical diseases percentages... that means that we are more capable to provide better health services to our patients... having high performers employees reflect on health outputs in this health institution.'

In summary, these results show that institution D's performance has developed gradually since the TM program started. The most prominent observation made by both management and practitioners was that the rate of critical diseases is dealt with better than before. In addition, effective steps have been taken towards acquiring and retaining more high-performing employees than before.

5.3.3.6 Practitioners' perspectives of TM and quality of healthcare sector at institution D

Institution D is a level I institution in which patients are received and their cases diagnosed and treated. Cases requiring more advanced medical services are referred to level II and III hospitals. Research findings indicate that from the time of the implementation of the TM development program, there were improvements in the quality of services provided to patients by medical staff. The state of the equipment, medical supplies, and medicines has likewise improved. One practitioner asserted:

' Previously, we were not able to serve patients well and conduct certain medical tests, because the medical supplies and medical equipment were not sufficiently available... we previously lacked essential drugs and qualified nurses and medical staff... which made patients go directly to other hospitals in larger regions... we still face a shortage of medical staff, however, better than before... now the situation has changed the MOH has become interested in providing all medical

supplies and medicine periodically and continuously, which makes us more able to provide the necessary health care and only send cases that required higher medical services to other hospitals of the second or third levels, depending on the patients' condition.'

The TM program has contributed to a refocusing on providing high-performing employees in all regions. The TM development program is still in its infancy, but steps taken are in the right direction. A group of practitioners noted:

'The new strategy for the MOH and the 2030 vision do affect positively on the quality of the healthcare sector. skills and knowledge for nurses in this area are very important as the challenges here are different from challenges in the big cities... we need as nurses to be motivated and our job is being appreciated... so yeah, I can see that recently there is a criterion followed by managers for our job performance appraisal more specific than before and this let me do my best to exceed my job performance and as teamwork here we are working together to improve this unit performance to serve our patients with a high quality of health services.'

Overall, the study shows that TM program improvements in the quality of services in rural health institutions remain underdeveloped.

5.4 Challenges of developing TM programs in the Saudi healthcare sector

The range of challenges being faced in endeavoring to develop TM programs in healthcare institutions A, B, C, and D are discussed below.

5.4.1 TM program challenges at healthcare institution A

The challenges facing the TM development program in the Saudi healthcare sector at health institution A can be divided into three main parts: 1) the shortage of medical and nursing schools and training institutions in Saudi Arabia; 2) lack of expertise, from management's point-of-view, to be prepared to lead the TM development program; 3) the HR department's TM section is still in its infancy, exacerbating the lack of the expertise and knowledge required to drive a TM development program to its optimal stature.

The first challenge confronting TM development in Saudi Arabia's ministry of health is the shortage of training institutions. This leads to the low number of health professionals qualifying each year; therefore, the government depends mostly on study-abroad scholarships to address the shortage of medical fellowship programs for certain specialities in Saudi Arabia. One senior practitioner said:

'As a Cardiologist, there a lack of medical institutions here in Saudi Arabia for the Fellowship program in my speciality (fellowship program in Adult Cardiology)... this was before seven years...so the hospital sent me to Canada to train as a Cardiologist. Personally, before my fellowship program in Canada, I signed a pledge not to resign from work until the completion of a parallel term for the duration of my appointment. The government has a policy of subjecting all sponsored employee to complete a bond of not less than two years before they decide to leave the ministry of health.'

In addition to external development, the MOH has taken important steps, including a recent initiative to establish medical institutions capable of developing high-performing professionals internally. One senior manager commented:

'I got my Fellowship program in my speciality as a Neurologist in the USA as there was no institution in my field in Saudi Arabia at that time... This was from nine years ago... and I am very proud to tell you that among the achievements of the MOH is that it has already made a qualitative leap at 2016 to train neurologists within the program of the Saudi Commission for Health Specialities with those who received development programs in this specialities to train other doctors. It is now one of the centres of the brain surgery fellowship program in the Kingdom and currently trains doctors in the Kingdom. However, the capacity for this program is not very high but at least there is a fellowship program in Saudi Arabia and I am sure it will expand... but you know it needs time. So yeah, so far, the MOH is still sending its employees abroad to the best medical development institutions around the world.'

The shortage of adequate medical and nursing schools and training institutions is responsible for another aspect of this challenge facing TM program development in the

health sector—the existence of a knowledge gap, especially in the more uncommon specialities. One senior manager observed:

' The transformation plans of the Saudi health care sector focuses mainly on increasing the efficiency of the development programs outputs through providing programs actually needed by the labour market to cover the shortage of talents in some specialities. TM development programs started to focus on high performers employees as a first step... then provide to those employees the development program that is needed to cover the skills and knowledge gap... today there are a scarcity of talents... so, development programs will focus mainly on the areas required to cover the demand for talents in rare specialities.that will increase the efficiency of the development programs and, therefore, the budget that is set for developing employees will be worthy and there will be no wasting money on unnecessary development programs. So yeah, talent management department role in developing employees is to stay in line with the transformation plans of the Saudi health care sector. But so far these steps toward filling the knowledge gap in the highly needed professions is still infancy.'

The second challenge is the lack of expertise on the part of management to be able to lead the TM development program. The findings for institution A included some practitioners' observations for the need to develop leaders' abilities to deal with the needs and requirements of the transformation phase. Based on practitioners' viewpoints, one of the shortcomings in leadership that constitutes a constraint in the TM program is talent assessment, which needs to be developed; they linked it with PM. In this regard, a cardiologist at institution A commented:

'I believe that recognising talent is a fundamental process to get the desired hospital's goals. We need to find the right people internally and give them attention and benefit from their knowledge and abilities. Therefore, my suggestion is that talent identification is very important practices to implement it through managers... Yes, but I will explain my point of view further...it is not enough if our department is good and identify their talents successfully... because as a cardiology department we deal with different departments such as x-ray, pharmacy, and other departments, so my point is that we are connected with each

other and all of us are working as a team. Therefore, it is important that all departments give great attention to the talent identification process to enhance the healthcare sector output. I can see that the main problem is that not all managers able to evaluate employees correctly and gave them feedback about their work, which make the errors continuous... I can say that not all managers are able to monitor and evaluate their employees continuously and accurately... I say that because I see mistakes from other departments that effect on our job negatively and when we contact with their managers there is no serious action as the same mistakes are repeated again and again.'

Likewise, another senior manager at the HR department commented that:

'Still, some times, managers can fill this form in a hurry as they have many things to do. Perhaps it is important that managers should have the required skills and abilities that enabled them to focus on this category of employees as they are the ones who are capable from my point of view of making a difference in organisational performance and reaching the organisational goal of raising our hospital quality of health services. So the first step is to training managers for how to evaluate their employees and how this evaluation is is very important to us as an HR department to be able to plan for positions and development programs. The MOH main focus is to develop leaders on how to deal with high competencies as the first step of this change... so yeah managers should be developed in this area... however, I can say that we are in the first step and changes need time.'

Senior managers held the same opinion, as they asserted that some managers and leaders are lacking essential skills and abilities, posing a major challenge for the TM program in the Saudi healthcare sector. One senior manager said:

' Leaders have a significant role in talent identification...healthcare sector needs leaders able to align well with the needs for health care because our priority here is to provide high-quality services to patients... and that will be achieved through those high performers employees... If the managers are not able to identify who is highly qualified and work hard to retain these employees, then they will not be able to achieve the organisation's objectives. So yeh, maybe we need a special development program for leaders to be able to fully integrating with the organisation objectives and to understand the effect of the potential of individual

talent to generate a competitive advantage for the hospital. Ok, not all managers are able to identify their talents as they are missed an important skills and abilities that are needed in this practice particularly... even if the MOH stressed on this practices, but it is not yet implemented by all managers in all departments... talent identification should be a priority for all managers and heads of departments. Also, the talent identification process to be successful should follow specific criteria that match with the hospital's strategic goals and also with the 2030 healthcare vision. We need talents to be able to provide high-quality medical services to our patients. Therefore, hospitals should give more attention to identify their internal talents.'

The third challenge associated with the TM program is that the HR department's TM section is still in its infancy, resulting in a lack of the expertise and knowledge needed to drive the TM development program to its full potential.

Today... hmmm... more specifically after launching the 2030 vision... healthcare sector start to think strategically. I mean when I say to think strategically is to set long term strategies. Here, the hospital will develop a talent pool of high performing employees who are potential to fill key positions in the future. This will facilitate to fill these key positions faster. But unfortunately, many key positions here is not filled yet. I cannot say all of them but plenty of them. this is because these strategies are recently were set so we need some time to see the results... but I can say that the main problem is that HR specialists are not yet scaled up their skills and abilities with the new vision some of them are still in the old version of the HR practices... talent recruitment is very slow... the process took long time and many approvals from many parties. they need to set long term resource planning... today we all can see the result of not thinking strategically we can see scarcity of many positions which affect our patient's safety. I can say that the focus is mainly on health staff and not on administrative staff as they are seen as support staff and they are not receiving development programs as those doctors, nurses and pharmacists.'

Development of human resources is an important motivating factor in improving practitioners' performance, skills, and abilities. The administrative staff complained that

they do not receive the same attention as medical staff and felt excluded from TM development programs. One middle manager said:

' Unfortunately, the training programs are not as intensive for administrative staff. And some of the development programs may be unsuitable for current organisational requirement, which, of course, change over time and must be synchronised. I believe that administrative staff should be included in these talent development programs especially HR employees to enhance their abilities to implement the policies and procedures for talented employees correctly, more efficiency and also faster.'

Overall, the TM program at the Saudi MOH aimed at addressing government priority areas in healthcare through the effective use of human capital to create a range of medical and administrative competencies in accordance with the government healthcare sector, currently characterised by a shortage of healthcare workforce. The Ministry of Health adopted the continuous development of human resources focusing mainly on doctors and nursing staff as well as other health and administrative groups but notably less focused on support staff who were not prioritised as medical staff. Furthermore, the TM program faces another challenge to its development in the Saudi healthcare sector, which relates to the lack of medical training schools—the difficulty of developing employees in-house; here too there is a dependency on developing employees abroad. It was confirmed by these research findings that one of the major challenges is the lack of leadership skills that are compatible with the requirements of the transformation phase that the healthcare sector is going through.

5.4.2 TM program challenges at healthcare institutions B and C

The challenges facing TM program development at institutions B and C fell into six main parts: 1) the recruitment process is very slow in filling vacant positions; 2) employees sent to training and development programs often transfer to level III hospitals; 3) in some medical professions, there are not enough employees; 4) occasionally high-performing

employees are not able to attend development programs for lack of an alternate to cover their absence; 5) the gap between supply and demand of highly-qualified employees; 6) the ill-considered distribution of the workforce among health institutions.

The first challenge facing TM development at health institutions B and C is that the recruitment process is very slow negatively affecting the ability of the TM program to fill vacant positions promptly. One senior manager commented:

' What I would like to explain here is that I recommend that recruiting employees to fill positions have to be faster... the process is very slow in some positions to be filled... Sometimes, we need to wait for more than four months to find the right people for the vacant positions, and sometimes we can't find the right person with the needed expertise... So yeh, I feel it will be better if there is a faster recruitment procedure that guarantees to find the right person at the right time. What I mean here is that hospital should be faster in filling positions... Here I suggest that it will be perfect if the hospital will follow a more focused approach to fill the position more quickly and put long term recruitment plans... In my opinion, this will increase the hospital's ability to determine who can fill positions as it works already on preparing the second row to fill any sudden positions. '

The second challenge described by management in institutions B and C was that newly-trained employees leave for better opportunities. Managers say that employees leave because they want to practice what they learned in level III hospitals. This causes internal migration in which employees transfer from one health institution to another in the same organisation. One senior manager said:

' There is a huge budget from the MOH to train high-performing employees, but what happens here in this health institution is that when employees are developed and gain higher educational qualifications, those employees start looking for hospitals in bigger cities and level 3 hospitals as they become more. For those highly qualified employees, the opportunity for them to obtain jobs in major cities is higher and that causes an internal migration for those employees. '

Also, one senior manager at institution C pointed out that:

'The majority of our doctors in this hospital who received development programs prefer to move to other regions which are less busy than Mecca. As you know, we serve pilgrims from all around the world who come for Umrah all year round. So, in this area, this hospital is very busy. the MOH do a good step and added additional allowances for doctors who come temporary and serve our patients for the busiest hajj periods but not for the permanent health staff at this hospital... This helps us to serve our patients faster and without a long period of waiting. Personally, I believe that if there is an allowance for the people who work in Mecca all year round... as it will help us to fill the highly needed positions faster.'

On the other hand, from their point-of-view, practitioners commented that after completing a development program, they seek a transfer in order to hone their skills and practice what they have learned. An ophthalmology specialist at institution C commented:

I was identified as a talent because of my abilities as a surgeon. I do surgeries for patients correctly with no side effects. Because of my high job performance, I was chosen by the hospital for talent development programs that allow me to get the certificates in my field such as the Fellowship program in Ophthalmologist that I finish before seven months. These development programs let me achieve my needs by enhancing my abilities and skills, and that also develop on my performance as I can say that development programs have increased my performance. Also, the development program is essential for my career development as I got my job promotion to be a specialist doctor. So yeah I can say that this organisation is looking for talented employees those who are high performers and develop them to be able to fill higher positions. However, when I receive the Subspecialty Fellowship (Vitreoretinal Diseases and surgery) that I applied for I will request to transfer to another city this hospital is far away from my family, and it is characterised with the heavy workload as we serve pilgrims and Muslim people from all over the world during the twelve months. at the same time, my main motivation to work in another hospital is that I am looking for a third level hospital to practice what I have learned with more medical equipment and more complicated health issues to improve my abilities and skills.'

The third challenge is that there are not enough practitioners to fill vacant positions, and this affected patients' waiting time. In this regard, a senior manager, head of the physical therapy department at institution B, asserted:

' I can say that the main challenge is the lack of trained physical therapists, but now with the efforts of the MOH with cooperating with the Human Resource Development committees that are conducted to address departments challenges, I believe will solve in the near future with the initiatives taken by the MOH... however, currently we face a severe shortage of specialists in physical therapists... and that effect consequently on the waiting period for our patients, which effects on patients access to treatment in a timely manner for the length of waiting period... development programs have a significant role to meet the current challenges of the healthcare sector. One of our employees studied in the UK DPT (Doctoral of Physiotherapy) when he came back... he transferred what he learned to our staff, and as you can see when we develop one of our employees, then this employees knowledge will spread to his\her colleagues... so yeah, development program has a significant role in facing one of the main challenges in the Saudi healthcare sector. However, development programs for health staff usually takes a long time five years more or less and in many cases those who were trained to go to a higher level health institutions. So yeah this is a major challenge facing TM program developments in our hospital.'

Likewise, another manager said:

'That sometimes I can't let the employee go to a training course or to study abroad because of the shortage of doctors in my department. So if there are enough employees, then it will be easier to let everyone have a chance to go to His\Her development program.'

Practitioners infer that not participating in a development program affects their performance and ultimately affects the quality of healthcare services and outcomes. One practitioner said:

'In the past, I had an opportunity to take part in a development program but soon the hospital complained that there were not enough employees in many departments. Although, they informed me that the following year an employee would come back from their development program and I would be able to go to

the training course. So yeah, one of the main factors that let me unhappy in this hospital is that I lost many opportunities that walk past me because of the staff shortage. This makes me feel disappointed and frustrated as chances of development would be less as the number of employees is not enough. I can say that my performance will differentially be improved after getting development programs and I really need to improve my skills.'

The fifth challenge faced by the Saudi Ministry of Health in TM program development was acknowledged by both practitioners and management in the study the disparity between supply and demand. Results showed that this problem leads to posts going unfilled due to the scarcity of highly-qualified employees who are suitable to take on the vacant positions. In this regard, a consultant doctor at institution B commented:

'Hospitals are facing many operational challenges such as if we take a look to doctors in public hospitals, where some specialities are still rare and hospitals need doctors to fill some rare positions. let me give you an example to reach my point of view, in our department (Cardiothoracic surgery) there are only two consultant doctors, but we need more consultant doctors... there is a vacant job for consultant doctor, but the problem is that there is no one filled this post yet. This department depends on two employees only... it is difficult to find qualified employees for such positions.'

Sixth, the ill-considered distribution of the workforce among regions is one of the main challenges facing TM program development in the Saudi healthcare sector; there is poor distribution of healthcare services and health professionals across all health institutions. A senior manager at institution B observed:

'Yes, one of the main challenges that face the MOH is that there is a maldistribution of health workforce across health institutions... what I mean here is that distributing the workforce need to be balanced way between second-level health institution and third levels health institution... In our hospitals (second level health institution), we face a high need for doctors in many specialities to fill vacancies positions.'

5.4.3 TM program challenges at healthcare institution D

The significant challenges facing TM program development at health institution D can be grouped into four main parts: 1) the recruitment process is very slow and creates lengthy delays in filling vacant positions; 2) employees sent to development programs often transfer to level II and III hospitals which causes internal migration; 3) in some medical specialities, there are not enough employees; 4) in some cases, high performers cannot attend TM programs because there are no alternate employees to cover their absence; 5) the ill-considered distribution of the workforce among administrative regions.

First, participants in the study mentioned that one of the challenges facing TM program development at health institution D is that slow recruitment procedures cause delay filling the vacancies with high-performing employees. In this regard, one practitioner said:

'The main challenge is that lack of nursing staff especially here as we are working in a rural... I would like to suggest that it will be good if the recruitment procedure is a bit faster it is very slow. Add to that employees usually did not prefer to work in rural as there is no many facilities in this area.'

Second, after employees are sent to development programs for training, they seek transfers to level II or III hospitals, which creates internal migration of high-performing employees.

One manager asserted:

'The main objective of the development programs is to fill the skills gap and to develop talented employees knowledge to be able to fill the knowledge gap. By developing talents capabilities, skills and knowledge that will help the MOH to build talented employees who are fit to the recent requirements... today, the MOH needs high capable employees who can implement the health quality requirements. However, what happened here in this health institution is that employees who have undergone to talent development programs they stay here only for a temporary. Period and start looking for job vacancies in a major city (health institution II; and III). Yes, the employee has evolved, but here we suffering from a staff internal migration.'

The practitioners' point-of-view is that their interest in undertaking a development program is to qualify for a higher position in a major city.

' I wish that I can have the opportunity to be chosen in talent development programs... I see it as access to another higher-level hospital. I cannot imagine that I will stay working here for a long time. As you can see this health institution is in rural and I wish that I can develop my career in a higher-level hospital to practice what I have learned.'

The third challenge confronting TM program development at health institution D is that in some medical professions, there are not enough employees. One manager said:

' Yes, we have a dental clinic but we don't have a dentist doctor yet. For this reason, cases are referred to another hospital for treatment.'

Fourth, it is often difficult to develop high performers as there is no one who can fill in for them to cover their absence. One manager mentioned:

'The reason that we do not accept the development programs of our employees here is that some departments suffer from a severe shortage of employees, which makes the development program process difficult for employees.'

Fifth, the poor distribution of the workforce is another challenge for TM development.

One manager asserted that:

' There is a major challenge facing the TM development in the health care sector, which is that there is a poor distribution of the workforce between regions... some regions suffer from a severe shortage of high-performing employees and some areas have overcrowding in employees with high performance. I think this is one of the challenges that affect us directly as we here suffer from a need and shortage of skilled workforce.'

Overall, this section illustrates the main challenges facing the TM program in the Saudi health care sector. The next section highlights the findings of this study.

5.5 Findings

The study revealed some interesting findings of the TM programme in the Saudi healthcare sector. The analysis revealed that there is one novel finding that the Saudi healthcare sector managers, who foster and promote the TM programme, selected and developed employees

had no skills in TM practices. Among the study findings, some show both the management and practitioners' perspectives of the TM programme, illustrating the differences and similarities of their points of view. The study was able to evaluate the overall effect of TM development by using health indicators to measure the development of the organisational overall performance. Furthermore, the data shows development in recruiting talent in the Saudi healthcare sector. Below is a summary of the findings in relation to the research objectives and questions.

One of the main findings in this study is that the TM programme is in its infancy. This study re-vealed that the implementation of TM practices witnessed a shift in HR practices from traditional to strategic, where the Saudi MOH set goals and strategies to achieve the 2030 vision that focuses largely on human resources as valuable assets. Both management and practitioners illustrated that the TM programme was making changes to become a strategic partner in the organization. The data shows that the MOH has taken steps towards identifying, recruiting, developing, retaining and en-gaging high-performing employees. This is because HRM professionals are still not qualified and do not have sufficient experience in applying TM practices.

Furthermore, among these findings, the study shows that there are findings that illustrate both the management and practitioners' perspectives. They show that there are some similar and different opinions regarding their perspectives of the TM programme. In terms of differences, the data shows that management perspectives are mainly focused on organisational goals and objectives, which suggests managers (middle/senior) give great attention to practitioners' performance, and that they link the TM programme to the long-term objectives. In this context, managers see talent management as a way to lead to competitive advantages via high-performing employees. Managers illustrated that the talent management programme is responsive to the needs of the organisation and that it is tied to organisational strategies and objectives, reflecting the competencies and skills for

current and future objectives and includes measures of performance. Managers also demonstrate that the TM programme provided tools, resources, training and development opportunities that ensure the health of employees at all levels and that they all have the necessary skills to fulfil their role; therefore, achieving organisational objectives. However, on the other hand, the study shows the practitioners' perspectives of the TM programme as a means of career development, career progression and salary increase. In this context, effective talent management that focuses on developing human capital can lead to organisational competitive advantages and maximises its performance. However, this may indicate a lack of shared value between the organisation and the employees who were not identified as talent, which can potentially lead to employee demotivation for those categories and not realising the organisational benefits.

There are, on the other hand, similarities for both the management and practitioners' perspectives of the TM programme.

First, evidence from the study has confirmed that both management and practitioners', instead of using the term 'talent', use the phrases 'high potential employees' and 'high performers' for those who have unique abilities.

Second, the study shows that both management and practitioners see that the TM programme uses performance management (PM) as an essential tool to identify talented employees and, therefore, to select high-performing employees for the TM development programmes. Both management and practitioners at all health institution levels recognise the importance of PM in the process of talent identification for potential employees as an initial step for the process of development, recruitment, retention and engagement of high-performing employees. However, some practitioners complain that not all managers have the abilities and skills to accurately evaluate employees' performance. Furthermore, some practitioners complain that there is nepotism among their managers in terms of selecting employees for the TM development programme. Where the study shows that some manag-

ers might select an employee to one of the talent development program because of the good relationship with this employee. This is one of the novel findings of this research that shows that not all managers have the necessary skills to implement the TM practices in the Saudi healthcare sector.

Third, the data revealed that the TM programme implemented an exclusive or selective focus identified as the priority for talent strategy. In this sense, the study showed that the TM programme is exclusively focused on leaders and key specialities, such as doctors, nurses and pharmacists. However, other health professionals, associate health professionals and administrative professionals are not within the priority group, which causes frustration for those workers within these categories. Since healthcare delivery requires diversity and different health professionals to pull together, an exclusive TM approach in the Saudi healthcare sector can be seen as an inhibitor of organisational performance.

Fourth, both management and practitioners acknowledge that the TM programme leads to improved healthcare services by complementing the development of specialists in specific health professions (doctors, nurses and pharmacists) as core members in the organisation. The study revealed that employees' high performance consequently impacts key health performance indicators, such as decreasing the number of medical errors, infant mortality rates, under five mortality rates, maternal mortality rates and life expectancy, all of which reflects the good health services. These health indicators meet the priority areas set by the Saudi government.

Fifth, the study shows that managers have an essential health sector role, which has a direct impact on clinical and organisational outcomes and an indirect effect on all other elements of the operational environment; and leaders are critical to the success of healthcare systems in implementing and sustaining TM programme practices. However, the study shed light on the need to develop leaders' skills and abilities at multiple levels

in the field of TM practices to reach the 2030 vision for trans-forming healthcare. The study also shows that managers and employees at administrative levels are essential to be involved in the TM development programme, as they have an important role in implementing the TM practices. For example, HR practitioners need more development programmes to be able to implement the TM programme successfully.

Sixth, evidence has also revealed that both management and practitioners see the TM development programmes as promoting internal migration within the MOH hospitals, from rural to urban health institutions, or from first-level and second-level health institutions to third-level health institutions. Also, the annual MOH report shows that there is a mismatch between different regions in Saudi Arabia. Technically, this may imply that first-level and second-level health institutions act as training grounds for highly qualified and high-performing employees in the TM programme, without long-term benefit due to the level of its health services. The data also shows that employees are looking for enabling factors that would help them practice what they learned, such as availability of medical types of equipment, which is located at higher health institution levels. The data shows that second-level health institutions receive preferable medical cases from first-level health institutions, as they provide some medical services for patients, but complicated health issues are referred to third-level hospitals.

Seventh, evidence shows that the TM programme plays a critical role in enhancing employees' engagement. Participants identify talent engagement as a term used to represent the positive, proactive behaviour in the workplace that emanates from a combination of motivated, emotionally attached employees and integrated employees towards the achievement of clearly communicated organisational objectives. Both management and practitioners revealed that employee empowerment is one of the critical factors important for influencing employee engagement regarding the relationship with talent management in the Saudi healthcare sector. Evidence showed that employee

empowerment through listening to talented employees' voices allows them to develop and change solid policies in the Saudi MOH to match their needs. In this regard, employees illustrated that the TM programme reinforced employees' empowerment through implementing a policy, suggested by consultant doctors, that allow 'consultant doctors only' to have two jobs in the public sector and in the private sector, as was previously not allowed for employees in the public sector to work in the private sector.

Eighth, both management and practitioners illustrate that the TM development programme faces a challenge of the shortage of medical and nursing schools and training institutions in Saudi Arabia. This acts as an obstacle for the TM programme in the Saudi healthcare sector to meet the demands on the specialities that face scarcity. In this regard, the data shows that the TM programme has taken new steps, where the MOH started to establish medical institutions, to develop high-performing employees internally, which effects the quality of health services through developing employees' talented skills and abilities, which reduces the cost of sending employees abroad. Furthermore, the increasing number of medical schools and medical training programmes will help the TM programme achieve one of the main 2030 vision goals: to raise the competencies and skills of health employees through continuous training programmes. This shows that the development of the TM programme is on the right track in terms of reaching one of the desired outcomes, which is reducing the cost of development programmes, increasing employees' abilities and improving the quality of health services.

5.6 Discussion

This study provided valuable insights into the effects of the TM program in the state healthcare sector in Saudi Arabia. In accordance with the extant literature reviewed, there is a scarcity of research on TM in the public sector, particularly emanating from Middle Eastern countries, and more particularly in Saudi Arabia (Al Haidari, 2015; Al Fraih,

2015). In addition, most previous studies were conducted in the private sector and mostly in the US, Canada, and Europe, followed by Asia and then Africa. In this study, an attempt was made to explore both management's and practitioners' perspectives of the TM program in the Saudi healthcare sector.

The evidence collected revealed that there is no agreed-upon definition of talent among management and other practitioners in any of the four institutions examined in this study; however, the term talent is generally associated with high potential and high performance in relation to healthcare. The findings are consistent with the study in which Powell et al. (2013) concluded that there was a lack of clarity for a definition of talent. Lewis and Heckman (2006) added that there is "a disturbing lack of clarity regarding the definition, scope, and overall goals of talent management" (p. 139). Similarly, the interviewees used the term talent very sparingly, and instead, management preferred to use the terms highly-qualified, high-performing, and highly-competent when describing talented individuals. This would suggest that the Saudi public healthcare sector does not use the term talent in relation to TM initiatives.

The study examined practitioners' perspectives of the TM program in the Saudi state healthcare sector at institutions A, B, C, and D, and revealed that practitioners' perspective of the TM program is that it serves as a path to career development, progress, and salary increment at all health institutions. This is demonstrated in institution A, B, and C, where high-potential employees had been able to develop their careers. This is consistent with expectancy theory, which has been used to explain performance management in many prior studies (Den Hartog et al., 2008; Lucas et al., 2006; Armstrong, 2014). Expectancy theory is a theory of motivation in the cognitive process; it is mainly based on the idea that people believe there is a relationship between the effort they exert in work and the performance that results from that effort leading to a similar relationship between the rewards they receive from their effort and the performance (Armstrong, 2014). In this

sense, individuals will be motivated in their work if they believe that their hard efforts will lead to higher job performance and ultimately to the desired rewards. The work environment was associated with expectancy theory, as it has a significant role in job performance. Zivnuska et al. (2004) stressed that high level performance occurs in work environments that inspire and motivate employees to achieve high levels of job performance to meet their individual and organisational expectations. This is consistent with Vroom's (1964) argument that valence is related, in its origin, to the value or strength that an employee attaches to a reward. In this sense, valence is related to the strength of the value that employees attach to the reward. Barba-Sánchez and Atienza-Sahuquillo (2017) clarify that the reward could be in many forms—a pay increase, promotion, recognition, or a sense of accomplishment. A study by Isaac (2001) pointed out that employees must trust that the leader will be able to “deliver the rewards” as promised, and these rewards, in the employees' mind, serve as motivation. When leaders fail to fulfil their promises, it causes employees to lose trust in their leaders. Furthermore, employees should assess the pros and cons of their decisions regarding potential rewards associated with that investment (Brown, 2009). Lin and Huang (2005) added that employees have to decide whether to invest the time, effort, and money in learning and training to reap greater rewards.

Along the same line, this study showed that investing in employee capabilities through talent-development programs is not enough; it requires enabling factors, such as medical equipment, drugs, and medical supplies to strike the right balance to achieve organisational goals. At institution D, this was the factor that led high-performing employees to seek transfers to higher-level health institutions as they are looking for enabling factors not available at health institution D. At this point, it is worth pointing out that rural health institutions such as D face a lack of such enabling factors. The availability of medical equipment plays a vital role in ensuring health institutions' high performance.

For example, health institution D, as a level I hospital, cannot do surgeries and must refer these cases to level II and III institutions. Therefore, talented employees complain that they cannot practice their skills and thus are at risk of losing their competencies. It can be argued that this, among other things, can greatly contribute to the frustration and desire to transfer of high-potential employees from state healthcare institutions in the rural setting to an urban-based health institution (internal migration).

This is consistent with the human capital theory, which focuses on organisational investment in human capital through training, education, knowledge, and skills that tend to enhance human capital effectiveness. Organisations can also invest in organisational human capital through new equipment needed, such as technology to improve the processes and procedures and also to improve clinical services provided to patients. For example, surgeons improve their job performance through continuous training in the latest medical technology, which represents an organisational investment in human capital through training, education, knowledge, and skills that tend to enhance human capital effectiveness.

In this regard, this study revealed that practitioners at institution A are able to practice what the high performers learn in development programs due to the availability of equipment, drugs, medical supplies, and a close relationship with the head of clinical care who provides continuous mentoring and coaching. However, practitioners at institution B, C, and D stated that they cannot practice what they learned through development programs as these are referral hospitals (level I and II health institutions). For that reason, most health workers in level I and II health institutions have little access to experienced clinicians, specialists for consultation, professional review of cases to solve problems and reinforce clinical diagnoses, and decision-making, as complicated cases are referred on to level III institutions. This creates an imbalance in the geographic distribution of health staff. Therefore, the situation in institutions B, C, and D is different from institution A,

where employees who were identified as talented have a high propensity to leave to a level III health institution, especially after undergoing a talent-development program.

The study also revealed that the management perspective of the TM program focuses on them as a means to build capabilities and achieve organisational goals and objectives. The study showed that the Saudi Ministry of Health (MOH) has taken serious steps and expended a sizable budget to create capabilities in order to mitigate the shortage of human resources in healthcare. These steps by the MOH included increasing the number of health training institutions, focusing on developing talented employees in certain specialities and positions currently in short supply, and organising medical conferences, mentorship, and coaching. TM development programs were implemented as an initial step after talent identification of high-potential employees to maximise their high job performance by sharpening their knowledge base, skills, and abilities. Talent development programs aim mainly to foster ongoing professional development to attain sustainable high-quality clinical care outcomes. The study shows that continuous development programs help promote a strong relationship with high-performing employees; this was strongly connected to talent retention and engagement. Closer relationships among competent healthcare providers can build teamwork and ensure quality performance. The evidence also showed that management's perspectives on the TM program are that it plays an important role in the creation of talent pools through talent identification, development, and selection processes and ultimately retaining those talents, which reduces the high cost of employee turnover. However, this was not the case at institutions B, C, and D, as their managers view the TM program as leading to internal migration; their experience is that those who participate in talent-development programs usually prefer to transfer to a higher level hospital. Nonetheless, the evidence showed that TM development programs play an important role in improving employee performance. Human capital is an important concept in gaining more understanding of talent management. The fundamental aspect in

the employee's view is the career outcome and gaining rewards, such as job promotion, while for management the central point is how investment in human capital can increase productivity (Berger & Berger, 2004). The findings are consistent with Nafukho et al. (2010) who argued that employees' knowledge, experience, and skills generate economic value for the organisation, as employees enhance and develop their human capital through education and training.

The empirical evidence from the study shows that the Saudi healthcare sector uses annual performance management (PM) as an important tool to identify their talented employees. A key issue in the findings was that PM serves as an initial step towards the TM program, and it requires highly-qualified managers who are able to identify the potential of talented employees. In this regard, both managers and practitioners indicated that a shortage exists of managers who are able to back up the TM program in the healthcare sector through aligning organisational strategies (2030 Vision goals) with employee outcomes and performance. The evidence confirmed a shortage of qualified and trained managers, which constitutes an obstacle to the sustainability of the TM program. In this regard, Turner (2018) asserted that managers are a vital resource for healthcare organisations; their role is critical in the successful implementation of talent management practices. The mention of E-P linkage is consistent with the expectancy theory. Isaac et al. (2001, p. 217) stated that leaders must make sure that both parties clearly determine exactly what outcomes constitute acceptable performance and which results do not (see Katzenbach, 1996). Here, performance assessment has a significant role in achieving successful measurement to outline behaviour fully in both their minds. Isaac et al. (2001) also argued that a participatory approach involving both parties, the employee and the leader, should be adopted. This approach offers an opportunity for individuals to "fully understand the expectations established in order to accurately assess the strength and weakness of the E-P linkage" (Isaac et al., 2001, p. 218).

The study revealed that after the Saudi government implemented Saudi 2030 Vision, the TM program emerged to focus on high-performing employees with the requisite abilities to enhance the quality of healthcare delivery and those who are able to achieve organisational goals. The study revealed that the Saudi MOH acknowledges that the organisation should recruit, identify, retain, engage, and develop only high-performing employees and talented professionals (doctors, nurses, and pharmacists) to their maximum abilities. This view is consistent with TM orientation, in which the focus is on a particular group of “talented” employees exclusively. Scullion and Collings (2011) noted that talent management works consistently with organisational strategies, and it is focused mainly on talented human elements as an important component to achieve the overall organisational objectives. Further, Ledford and Kochanski (2004, p. 217) confirmed that successful organisations tended to have a segmented approach to TM rather than focusing on all employees, and this segmentation is based on practitioners’ performance, competencies, and roles. This is in line with McDonnell’s (2011) point-of-view which stated, “TM emerges as a distinct strategic business activity because it calls for a greater focus on employees and positions that have the greatest differential impact on business strategy” (p. 169). The same author went on to explain that TM’s position is that there are “some people who have greater potential to add real value than others, and these should be working in positions that provide the greatest impact on the business objectives” (McDonnell, 2011, pp. 169–170). This supports the exclusive approach taken by the Saudi healthcare sector in focusing on talented employees and key positions.

The study reveals that the TM program improved the quality of healthcare delivery and thereby helped the organisation attain the desired outcomes. TM has an important role in improving key health indicators, such as reducing the maternal mortality rate from 17% in 2013 to 14.3% in 2018. This is similar to MOH statistics reporting the infant mortality rate per 1,000 live births at 8 in 2013 and by 2018 had dropped to 7.4. The evidence

suggests that the TM program has improved employee performance; it reflects a significant reduction in medical errors. MOH data show that in Riyadh, medical errors declined from 474 in 2015 to 47 in 2018. Likewise, in Makkah medical errors were 105 in 2013 and 15 in 2018. Tabuk also witnessed a dramatic reduction in the number of medical errors from 87 in 2015 to 3 in 2018 (MOH, 2018). Clearly, when health institutions have capable professional staff (doctors, nurses, and pharmacists), it positively impacts healthcare delivery for patients and scales up the quality of health services. This study shows that such improvement in health indicators tends to appear due primarily to early intervention offered by qualified and talented health staff. Health institution D improved in terms of their ability to deal with critical medical conditions and reduce the number of cases referred to level II and III health institutions. This is in line with Crane's (2019) argument that social capital has a fundamental role in the talent management realm as it improves the performance of organisations and of individuals as well. As the healthcare sector is a knowledge-based organisation, Subramaniam and Youndt (2005) used the term "intellectual capital" to mean a collection of knowledge resources. This collection is the sum of a firm's resources that involve collective intellectual resources that can contribute to creating value for the firm. Previous studies linked intellectual capital with higher performance. Barney and Mackey (2016) pointed out that intellectual capital (IC) is what makes a firm unique from competing firms, as IC elevates the distinctive feature of the resource for sustainable competitive advantage.

Evidence from this study shows that the TM program develops high-performing employees to create and fill the talent pool for internal recruitment. At the same time, the program recruits externally to fill key positions if there are no highly-qualified employees suitable for the specific job requirements. In this regard, high performers who were identified as talent and received talent-development programs can be retained longer and become more engaged with their organisation. This study indicates that career

development for high-performing employees, even without a salary rise, is a motivating factor. The study found that talented employees selected for development programs are often more interested in expanding their knowledge to be able to carry out higher-level tasks than in their current position and continue to work hard to increase the quality of healthcare services. In this sense, developing employees helps the MOH ensure its efforts to fill vacant jobs internally and to have the right employees at the right time for the right positions. This is consistent with the human capital theory, according to which the “investment process” must be actively managed by the organisation in a way that enables individuals to play a role in developing and deploying their own resources. This point-of-view underscores that both employees and employers must be active in the investment process. Only employees who are highly motivated working with employers with conscious awareness will be able to achieve a high level of performance and fill higher positions (Meyer & Becker, 2004). According to Cappelli (2008), employees are more able to choose their own jobs rather than only organisations choosing and recruiting them. Here, if the organisation fails in managing their employees, they will lose them. Karp (2003) pointed out that organisational value drivers towards human capital are an integral component considered essential in switching to intellectual capital (IC). Collings and Mellahi (2009) supported this view, asserting that investing in human capital by increasing their knowledge, talent, and skills will generate value to the organisation. Therefore, a high level of learning and development reflects a greater investment in human capital (Karp, 2003). Likewise, Nafukho et al. (2010), referring to human capital, wrote that employees’ knowledge, experience, and skills generate economic value for the organisation, as employees enhance and develop their human capital through education and training. In this regard, Mincer (1989: 55) pointed out that human capital “plays a dual role; first, as a stock of skills produced by education and training, it works in conjunction with other factors of production such as physical capital and unskilled labour; and second,

it is a stock of knowledge generating growth through motivation.” Furthermore, Swanson (2001) explored the casual relationships that support improved performance and their cause/effect links. This is consistent with expectancy theory, with the mention of E-P linkage, positing that leaders or organisational designers should understand that for many followers, the expenditure of effort on the part of the follower’s results in job satisfaction (Brown & Peterson, 1994). Individual employees wish to demonstrate that they are productive, involved, useful, and competent through their employment tasks, as this brings them a sense of achievement. Therefore, leaders should enforce these feelings in their followers by supporting employees to achieve their needs. This effort by leaders will help strengthen the E-P linkage by ensuring that the employees fully understand how they contribute to the achievement of the organisational vision (Isaac et al., 2001).

5.7 Conclusion

This chapter explored the conceptualisation and operationalisation of the TM program from the perspectives of both management and employees of health institutions located in urban and rural areas of Saudi Arabia.

First, the definition of talent is more focused on high-performing employees with unique abilities who have an interest in career development in the healthcare sector. To deliver high-quality health services, managers must first identify high-potential employees through annual job performance reviews and then develop them through talent-development programs. In addition to developing high performers, the MOH provides incentives to promote talent retention and bolster their engagement.

Second, the TM program is described as a continuous process of recruiting, identifying, retaining, engaging, and developing high performers and high-potential employees. High performers can fill higher positions, leadership posts, in their specialities. Potential employees can be developed and deployed to leadership positions even without

obtaining increased salaries commensurate with the positions they occupy. Evidence indicates that career development even without a higher salary is a motivating factor, as these employees continue to work hard and help the MOH realise its aim to have the right employees at the right time in the right positions.

Third, the findings indicated that both management and high-potential employees view the TM program as a way to impact key performance indicators, such as frequency of medical errors, infant mortality, and maternal mortality. Here, the MOH meets the priority goals established in the Saudi 2030 Vision plan by investing in talented employees' skills and abilities to increase the overall performance of the Saudi healthcare sector.

Fourth, the findings affirm that performance management (PM) is an important tool for use in talent identification and assessment processes. The TM program uses this tool (PM) in pursuit of a transparent approach to identifying and developing highly-qualified staff. It was introduced as a part of the TM program in the Saudi healthcare sector to correct the TM process by removing potential bias in the evaluating process.

Fifth, research findings illustrated that employees' perspectives of TM development in the Saudi healthcare sector are that it may serve to achieve career progress, higher salary, and improvement of their skills, abilities, and job performance. Employees indicated that the TM program in the Saudi healthcare sector tends to focus exclusively on high performers and specific professions.

Sixth, management perspectives towards the TM program are that its purpose is to identify high-potential employees and develop them to create a talent pool that the MOH can rely on to achieve the final objectives. Further, management was shown to be concerned primarily with organisational goals and objectives, leading them to pay greater attention to employee performance and identifying high-performing employees from the standpoint of directing employees' skills and efforts towards achieving the goals of the

organisation. Notably, management viewed TM development programs as a harbinger of internal migration of their high-potential employees to bigger cities following training. This has probably caused many highly-qualified employees to be concentrated in health institutions in the big cities to practice what they learned.

Finally, both managers and practitioners perceived the TM program as suffering from a shortage of qualified and trained managers and leaders capable of implementing the TM program correctly to meet the 2030 Vision goals, which focus on human competencies to a great extent. This constitutes an obstacle to the sustainability of the TM program.

CHAPTER 6:

CONCLUSIONS

6.1 Introduction

Following the findings, analysis and discussion from chapter six, this chapter provides a conclusion and implications of the thesis. This chapter is arranged as follows: The first section presents a summary of all the chapters in the thesis. The second is concerned with the findings. The third section presents the challenges of implementing a TM approach in the Saudi healthcare sector; the fourth section is concerned with the contribution of the study to theory and literature. The fifth section focuses on contribution to policy. The sixth section presents the contribution to practice. The seventh section presented the limitations of the research. The last section is devoted to the future research direction.

This study and the resulting thesis explored the effect of TM developments in the Saudi healthcare sector. The study had three main objectives: (1) to identify the methods the Saudi health sector management employs in implementing TM practices in the public health sector; (2) to determine to what extent management in the state healthcare sector in Saudi Arabia attempts to train and develop talented individuals who demonstrate potential skills and abilities in an attempt to increase capacity and maximise their contribution to organisational performance; and (3) to be able to explore management and employees perspectives to the extent to which TM practices contribute to the quality of public healthcare delivery in Saudi Arabia. In order to accomplish these objectives, the following three research questions were developed to guide the study:

1. To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?
2. To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?
3. To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?

The thesis adopted a qualitative methodology. Secondary data were collected using the internet, hospital and MOH reports and other documents, and articles using their specific websites. However, a semi-structured questionnaire guide was used in the study to conduct interviews with professional hospital managers and MOH senior managers and/or policy makers. A total of 81 respondents were targeted to be interviewed in the above-mentioned categories. The study used a thematic approach for the analysis and incorporated two theories, the HC theory and the expectancy theory, as lenses. The goal was to understand how organisations are able to create a competitive advantage based on HR knowledge. Furthermore, an important objective was to examine the components of motivation and organisational commitment to their employees. The two theories were linked to TM by means of identifying and developing talent based on strategic values to the organisation.

The reviewed literature on TM developments revealed that there has been a lot of research carried out in the private sector. The review, in addition, found that no research has gone into the state healthcare sector in Saudi Arabia. This study, therefore, has highlighted and contributed to closing the gap of empirical enquiry into the effects of TM developments in the Saudi public healthcare sector. It further has contributed to the knowledge and understanding of the following areas: operationalisation and implementation of TM practice and employees' perspectives of TM developments. It has also provided an insight into the regional and local strategic factors enabling identification, development, deployment, retention and engagement of talent in order to achieve individual and

organisational performance in the Saudi healthcare sector. Lastly, it sheds light on the role of TM in scaling up the quality of healthcare delivery. This thesis attempts to fill this gap by focusing on the Saudi healthcare sector.

6.2 Findings

The following is a brief summary of the major finding of the study and related to each research question.

Figure 6. 1: Summary of the major findings

Research questions	Findings
1. To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?	1. The analysis revealed that there is one novel finding that the Saudi healthcare sector managers, who foster and promote the TM programme, selected and developed employees had no skills in TM practices.
	2. The data shows that the MOH has taken steps towards identifying, recruiting, developing, retaining and engaging high-performing employees. However, this study is that the TM programme is in its infancy. This is because HRM professionals are still not qualified and do not have sufficient experience in applying TM practices.
	3. Managers illustrated that the talent management programme is responsive to the needs of the organisation and that it is tied to organisational strategies and objectives, reflecting the competencies and skills for current and future objectives and includes measures of performance.

	<p>4. Evidence from the study has confirmed that both management and practitioners', instead of using the term 'talent', use the phrases 'high potential employees 'and 'high performers 'for those who have unique abilities.</p>
	<p>5. The study shows that both management and practitioners see that the TM programme uses performance management (PM) as an essential tool to identify talented employees and, therefore, to select high-performing employees for the TM development programmes. Both management and practitioners at all health institution levels recognise the importance of PM in the process of talent identification for potential employees as an initial step for the process of development, recruitment, retention and engagement of high-performing employees. However, some practitioners complain that not all managers have the abilities and skills to accurately evaluate employees 'performance. Furthermore, some practitioners complain that there is nepotism among their managers in terms of selecting employees for the TM development programme. Where the study shows that some managers might select an employee to one of the talent development program because of the good relationship with this employee. This is one of the novel findings of this research that shows that not all managers have the</p>

	<p>necessary skills to implement the TM practices in the Saudi healthcare sector.</p>
	<p>6. The data revealed that both managers and practitioners acknowledge that the TM programme implemented an exclusive or selective focus identified as the priority for talent strategy. In this sense, the study showed that the TM programme is exclusively focused on leaders and key specialities, such as doctors, nurses and pharmacists. However, other health professionals, associate health professionals and administrative professionals are not within the priority group, which causes frustration for those workers within these categories. Since healthcare delivery requires diversity and different health professionals to pull together, an exclusive TM approach in the Saudi healthcare sector can be seen as an inhibitor of organisational performance.</p>
	<p>7. Evidence has also revealed that both management and practitioners see the TM development programmes as promoting internal migration within the MOH hospitals, from rural to urban health institutions, or from first-level and second-level health institutions to third-level health institutions. Also, the annual MOH report shows that there is a mismatch between different regions in Saudi Arabia. Technically, this may imply that first-level and</p>

	<p>second-level health institutions act as training grounds for highly qualified and high-performing employees in the TM programme, without long-term benefit due to the level of its health services. The data also shows that employees are looking for enabling factors that would help them practice what they learned, such as availability of medical types of equipment, which is located at higher health institution levels. The data shows that second-level health institutions receive preferable medical cases from first-level health institutions, as they provide some medical services for patients, but complicated health issues are referred to third-level hospitals.</p>
	<p>8. Evidence shows that the TM programme plays a critical role in enhancing employees' engagement. Participants identify talent engagement as a term used to represent the positive, proactive behaviour in the workplace that emanates from a combination of motivated, emotionally attached employees and integrated employees towards the achievement of clearly communicated organisational objectives. Both management and practitioners revealed that employee empowerment is one of the critical factors important for influencing employee engagement regarding the relationship with talent management in the Saudi</p>

	<p>healthcare sector. Evidence showed that employee empowerment through listening to talented employees' voices allows them to develop and change solid policies in the Saudi MOH to match their needs. In this regard, employees illustrated that the TM programme reinforced employees' empowerment through implementing a policy, suggested by consultant doctors, that allow 'consultant doctors only' to have two jobs in the public sector and in the private sector, as was previously not allowed for employees in the public sector to work in the private sector.</p>
<p>2. To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?</p>	<p>1. The data shows that management perspectives of TM, are mainly focused on organisational goals and objectives, which suggests managers (middle/senior) give great attention to practitioners' performance, and that they link the TM programme to the long-term objectives. In this context, managers see talent management as a way to lead to competitive advantages via high-performing employees.</p> <p>2. This study shows that managers also demonstrate that the TM programme provided tools, resources, training and development opportunities that ensure the health of employees at all levels and that they all have the necessary skills to fulfil their role; therefore, achieving organisational objectives.</p>

	<p>3. The study shows the practitioners perspectives of the TM programme as a means of career development, career progression and salary increase.</p> <p>4. Both managers and practitioners illustrated that talent management that focuses on developing human capital can lead to organisational competitive advantages and maximises its performance. However, this may indicate a lack of shared value between the organisation and the employees who were not identified as 'talent', which can potentially lead to employee demotivation for those categories and not realising the organisational benefits.</p> <p>5. The study shows that both managers and practitioners acknowledge that managers have an essential health sector role, which has a direct impact on clinical and organisational outcomes and an indirect effect on all other elements of the operational environment; and leaders are critical to the success of healthcare systems in implementing and sustaining TM programme practices. However, the study shed light on the need to develop leaders 'skills and abilities at multiple levels in the field</p> <p>of TM practices to reach the 2030 vision for transforming healthcare. The study also shows that managers and employees at administrative levels are</p>
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essential to be involved in the TM development programme, as they have an important role in implementing the TM practices. For example, HR practitioners need more development programmes to be able to implement the TM programme successfully.

6. Both management and practitioners illustrate that the TM development programme faces a challenge of the shortage of medical and nursing schools and training institutions in Saudi Arabia. This acts as an obstacle for the TM programme in the Saudi healthcare sector to meet the demands on the specialities that face scarcity. In this regard, the data shows that the TM programme has taken new steps, where the MOH started to establish medical institutions, to develop high-performing employees internally, which effects the quality of health services through developing employees 'talented skills and abilities, which reduces the cost of sending employees abroad. Furthermore, the increasing number of medical schools and medical training programmes will help the TM programme achieve one of the main 2030 vision goals: to raise the competencies and skills of health employees through continuous training programmes. This shows that the development of the TM programme is on the right track in terms of reaching one of the desired outcomes, which is reducing the cost

	of development programmes, increasing employees' abilities and improving the quality of health services.
3. To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?	1. Both management and practitioners acknowledge that the TM programme leads to improved healthcare services quality by complementing the development of specialists in specific health professions (doctors, nurses and pharmacists) as core members in the organisation. The study revealed that employees high performance consequently impacts key health performance indicators, such as decreasing the number of medical errors, infant mortality rates, under-five mortality rates, maternal mortality rates and life expectancy, all of which reflects the good health services. These health indicators meet the priority areas set by the Saudi government.

6.3 The effect of TM in the healthcare sector

The study revealed some interesting findings concerning TM developments in the Saudi healthcare sector. The study was able to evaluate the overall effect of TM development in the Saudi healthcare sector by using health indicators to measure the development of the overall performance, which are published yearly in the annual healthcare sector reports. The published data showed good development in recruiting talents in the Saudi healthcare sector. The study found that the TM programme uses PM as a tool that has been introduced as a part of TM developments in the Saudi healthcare sector. The TM programme has used PM as a tool to identify and develop high performing employees to achieve organisational objectives. This was recognised as an important tool in the process of talent identification

for potential employees as an initial step for talent development, recruitment, retention and engagement. However, the study also revealed that not all managers have the abilities and skills to evaluate employees' performance accurately, which negatively affects the development of the TM. Furthermore, the study showed that employees at all levels are linked to TM programmes in order to achieve long-term objectives. In this sense, the TM programme works as a strategic engine in the organisation to transform the organisation's direction from a short-term towards a long-term direction aimed at achieving the goals and strategies of Vision 2030. Likewise, the study illustrated that the TM has a significant effect on key health performance indicators such as decreases in the number of medical errors, infant mortality rate, under 5 mortality rate, and maternal mortality rate, and increases in life expectancy as it reflects good health services. The study found that the improvement in the organisational results was achieved through focusing on those talents who are high performers and developing their competencies to scale up their performance. The TM effect on the healthcare sector meets the set priority areas of the Saudi government, which focus mainly on improving talent competencies and their performance to achieve the final outcomes that mainly target improving the quality of the healthcare services. This study also highlighted another important effect of the TM in the healthcare sector, which is feeding the Saudi labour market with highly competent employees in the specialities that face scarcity. The exclusive approach taken by the MOH has depended heavily on funding talent development programmes that focus on high performers only in some specialities characterised by high demand in the labour market, which reflect positively on talent recruitment, retention and engagement. However, the other health professionals, associate health professionals and administrative professionals do not fall within the priority group, which has caused frustration for those who are in these categories. Since healthcare delivery requires diversity and different health professionals

to pull together, an exclusive TM approach in the Saudi healthcare sector can be seen as an inhibitor of performance and therefore needs to be more inclusive.

6.4 Training and development of TM

This study showed that the training and development of the TM is linked to the patients demand, as it is determined by disease patterns in Saudi Arabia. For example, obesity and heart disease topped the patterns of diseases in Saudi Arabia, which contributed to the TM programme focusing on cardiologists and obesity specialists exclusively amongst the highest demand specialities. This is an important factor that has influenced how the TM development programmes in the health sector approach its workforce development, which is the context or environment in which decisions are made and priorities identified in terms of implementing development programmes exclusively for some specialities.

Moreover, the study revealed that training and development of TM is exclusively focused on some specific roles. Both management and employees mentioned that one of the strategic issues that the TM development programme is following is that development programmes are focusing exclusively on some roles. The current study found that the TM implemented the internal training and development of potential succession candidates as a way to fill key positions. This study also determined that the global talent shortage for some medical specialities has an impact on which people and roles should be considered in the training and development process in TM development programmes.

The current study also found that the current TM implements both in-house and abroad development programs exclusively for some roles and specialities that face a shortage in the Saudi healthcare sector. In addition, this study showed that transformation in the delivery of healthcare in different ways in different countries brings with it the necessity to ensure that the targeted health workforce (exclusively some positions and roles) development is the best option for responding to the talent shortage challenge. Because of

the shortage of in-house medical schools in Saudi Arabia, one such way that the TM development programme could implement this is to increase collaboration amongst different health sector providers worldwide to develop internal employees abroad, which would maximise the benefits of interaction with other international medical education collaborators. On the other hand, this study showed that the TM programme has a critical role in increasing the number of internal medical schools, which would help to develop employees in-house. Participants in the study emphasised that the TM development programme is a means of the provision of tools, resources, training and development opportunities to ensure that health employees (for specific specialities and roles exclusively) have the necessary skills to fulfil their roles.

6.5 TM's contribution to the quality of the healthcare sector

One of the most important findings was that the TM development programme plays a significant role in organisational outcomes after developing employees, which affects health quality. Both managers and employees demonstrated that the TM programme is a means of access to training, the frequency of training, the motivation to learn from training and the benefits of training, which can translate into excellent performance. In this study, a TM development programme was found to result in higher job performance, such as lower patient mortality, lower complication rates, shorter length of stay in hospitals and fewer medical errors. Furthermore, the current study found that the TM development program was positively related to employee commitment, retention and engagement, which are within the desired organisational outcome for the TM programme.

Furthermore, the current study found that the TM programme leads to lower costs by avoiding the costs of poor quality by developing employees skills and abilities. The results of this study also indicated that TM development programmes role in developing

employees in the health sector has an impact on the quality of care and patient satisfaction and safety.

These results may be explained by the fact that talented employees in health sector organisations have a positive impact on the quality of care and patient satisfaction and safety. They contribute to improvements in clinical processes as well as to health and financial outcomes. Furthermore, this study highlighted the importance of the TM programme role in achieving sustainable organisational goals through strategic investments in employees' capabilities and effective education. Hence, one of the main findings of this study was that the TM programme has a significant role in ensuring that the right quantity, quality and skill mix matches current and future needs and expectations to provide a high quality of healthcare services.

6.6 Challenges of implementing a TM approach in the Saudi health care sector

There are several challenges that are linked to TM developments in the Saudi healthcare sector. This study has been able to enumerate the following: 1) inadequate HR in some specialities (doctors, nurses and pharmacists); 2) the lower number of new health graduates due to the shortage of medical and nursing schools and training institutions in Saudi Arabia; 3) the HR department's section of TM is still in its infancy stage, and therefore, it lacks of the necessary expertise and knowledge to drive TM development programme to its required height; 4) lack of managers who have the required exclusive skills and ability to implement the TM programme requirements successfully; and 5) the exclusive nature of the TM implementation approach, which causes discontent amongst health workers as they feel that they being left out on the talent development programmes.

The first challenge is associated with inadequate health HR in some specialities (doctors, nurses and pharmacists). Health workforce shortages caused by not only demand-side issues but also supply-side ones since there are not enough health professions

in some specialities (doctors, nurses and pharmacists). The HR shortage in some health specialities is a major concern to the effective development of TM in the Saudi healthcare sector. Regional imbalances due to the internal migration of healthcare workers within the health sector have exacerbated the problem. The study showed that the Saudi healthcare sector is facing a shortage and imbalance in the distribution of health workers amongst different regions and rural areas. The TM development programme mainly emphasises developing executives and high potential health workers; however, it ends up being a catalyst for intra-migration within the MOH health institutions. To be dealt with effectively, this challenge will require further policies from the MOH that will compel employees who have undergone training in talent development programmes to stay much longer before deciding to leave to other health institutions, in order to benefit both the government and the health institution that were the basis of their talent development.

The second challenge relates to the lower number of new health graduates due to the shortage of medical and nursing schools and training institutions in Saudi Arabia. The shortage of health workers affects the achievement of organisational goals. This problem has placed pressure on the Saudi government to expand the enrolment number of students who can study internally, and at the same time, a scholarship for studying abroad has also been provided to increase the number of new graduates. The MOH, along with the Ministry of Education, has worked to increase the number of medical schools in Saudi Arabia with a focus on the most needed specialities to feed the Saudi labour market with highly demanded professions. By implication, therefore, the number of highly skilled health workers in some specialities and professions is yet to match the ever-rising population in Saudi Arabia, which has created a serious challenge of TM developments in the Saudi healthcare sector.

The third challenge is that the HR department's section of TM is still in its infancy stage; therefore, there is a lack of the necessary expertise and knowledge to drive the TM development programme to its required height. The development of human resources is an important motivating factor to develop employees' performance, skills and abilities. However, administrative staff complain that they have not received the same attention as the medical staff, and they feel that they are excluded from TM development programmes. This causes a problem with the inefficiency of HR specialists. In light of this, one of the main challenges for TM developments in the Saudi healthcare sector is that the recruitment process is very slow and it takes time to fill vacant positions with employees. As the MOH is implementing an exclusive TM approach, there is a need to ensure that strengthening the skills and abilities of HR department employees will increase their abilities to work in tandem with line managers and senior management in the entire health organisation. Therefore, administration staff and, more particularly, HR specialist staff, need to be considered as an integral part of other health professionals within the healthcare industry. Thus, the main challenge that faces TM developments in the Saudi healthcare sector is how to motivate and incentivise those categories of personnel who were left out of the TM programme.

The fourth challenge is concerned with the lack of managers who have the required skills and abilities to implement the TM programme requirements successfully. Performance management systems in the Saudi healthcare sector invariably consist of the line manager reviewing the performance of employees as a first step. This highlights a key issue which is whether those line managers in all departments and units are always the best placed person to identify the potential of employees. Arguably, the success of the TM strategy at health institutions is dependent mainly on and directly related to the success of line managers implementing the tools and processes of TM. In the Saudi healthcare sector,

there is an urgent need for managers who recognise the need to adapt their working processes to organisational strategies and objectives to ensure that talented clinical staff are motivated to stay with the organisation. In respect to this, the lack of managers and leaders who are highly qualified is a critical challenge facing TM developments in the Saudi healthcare sector.

The sixth challenge is concerned with the exclusive nature of the TM implementation approach, which causes discontent amongst health workers as they feel that they are being left out on the TM development programmes. Work relationships in the health sector are characterised by being interrelated in providing healthcare services, as all employees should have distinct capabilities because of their impact on the final outcome of the health delivery. For example, the specialist doctor who was identified as a talent in the TM programme will need a laboratory staff member who is able to provide the right blood test results without a delay or mistakes. Also, there will be a need for X-ray specialists who are able to perform the radiation correctly without errors that would lead to the opposite results or complications for patients.

6.7 Contribution to the literature

The review of the TM literature indicated that this area of research is at an early stage, for two main reasons. First, there are only a handful of empirical studies in the TM field (Amankwah-Amoah & Debrah, 2011; Cappelli & Keller, 2014; Cook, 2011; Debrah & Ofori, 2006; Dries, 2013; Hartmann et al., 2010; Iles et al., 2010; Kehinde, 2012; Krishnan & Scullion, 2017; McCracken et al., 2016; McGettingan, & O'Neill, 2009; Meyers & Van Woerkom, 2013; Mulyata, 2016; Oladapo, 2014; Oseghale, 2016; Thunnissen, 2015; Thunnissen et al., 2013; Tung, 2015; Turner, 2018). Secondly, the existing TM studies in the ME are still scarce, and there has been a call to conduct further studies (Abunar, 2014; AlFeraih, 2015; Ali, 2011; Sidani & AL Ariss, 2014; Singh et al., 2012). The studies

around TM that were conducted in Saudi Arabia were focused on the bank and tourism sectors, and no previous study has focused on exploring TM in the Saudi healthcare sector. Hence, there is an opportunity to undertake more mature empirical research in all sectors across the ME countries in general and Saudi Arabia in particular. More empirical TM research is possible only when the current literature also develops a solid foundation of theoretical and conceptual development. This study, therefore, attempts to fill this gap by contributing to the existing body of knowledge by exploring the effect of TM developments in the Saudi healthcare sector.

This study contributes to the current literature, and it revealed some novel findings that were not found in the review of the previous literature. This study illustrated that managers still do not have the needed skills to implement TM practices correctly in the Saudi healthcare sector. In this sense, the study showed that managers are not trained to gain the skills and abilities to help them move from traditional HR practices to TM practices which are highly important in this transformation phase. This study also revealed that the TM programme is still in its infancy, as traditional HR practices are still being applied with a blend of TM practices that have been implemented since 2015 with the strategies that were launched with Saudi Vision 2030. The vision is mainly focussed on talented HR and on improving the abilities and skills to be matched with the recent and future needs in the Saudi healthcare sector. Furthermore, the vision focuses on highly talented employees because of their critical role in achieving the strategic organisational goals.

Furthermore, as there is a lack of empirical research within the TM discipline, this study not only bridges this research gap but has also used in-depth semi-structured interviews of each level of the health institutions (senior managers, middle managers and practitioners) to gain more understanding and to explore the TM developments in the Saudi healthcare sector. Previous studies followed the quantitative approach and primarily

used questionnaires. This study, therefore, was intended to gain more understanding of the conceptualisation and practices of TM as well as the motivation factors that influenced the organisation to undertake.

Given the acute lack of empirical TM research in the context of the ME countries in general and Saudi Arabia in particular, this research initiative is one of the very few efforts that has been directed at exploring TM developments in the Saudi healthcare sector. Previous studies have focused on the private sector; however, this research lays the foundation for an understanding of the various factors responsible for TM developments in the public sector. Exploring TM in the public sector can be a foundation of TM research and open an avenue for future research.

6.8 Contribution of the thesis to the field

In its contemporary form, health is a 'state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity (WHO 2016, p. 2). Bircher (2005) also stated that health satisfies the demands of life commensurate with age, culture and personal responsibility. The context for healthcare services is beset worldwide by pressures on health budgets and a growing demand for a return on investment in health. Undoubtedly, health services are today considered vital to national economies, contributing to development, growth and stability. The fact that there is continuing progress in extending human longevity has created the need for changes in order to increase the number of talented health professionals (Gratton & Scott 2016). To address the HR challenges, the WHO and the Global Health Workforce Alliance have called for more innovative approaches and interconnected and coordinated efforts for workforce planning and TM (WHO, 2013). Thus, there is a need to broaden the recruitment pool and create targets for producing larger numbers of health workers (Turner, 2018). According to the WHO (2016, p. 6), 'health systems can only function with health workers; improving

health service coverage and realising the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability and quality'. The importance of talent in the healthcare sector is a priority at an organisational level where recruiting those with the right skill mix is critical to operational efficiency, patient outcomes and an innovative health environment (Oostveen et al., 2016). Therefore, TM is important in two ways: firstly, to meet immediate recruitment needs through identifying, developing, recruiting, retaining and engaging those talents that satisfy the operational needs of the organisation; and secondly, to support the fulfilment of longer-term strategic objectives (Turner, 2018).

Since quality care begins with highly competent employees, there is a need for TM that supports both immediate organisational goals and the long-term aims of staffing with highly qualified individuals (Fried & Fottler, 2008). On the one hand, TM will make sure to train and develop each of the professional specialisms, such as doctors, nurses or allied health professionals (Sambrook & Stewart, 2007). Moreover, TM has a critical role in the strategic management of HR as a whole to ensure that qualified, motivated personnel are available to staff at all health units (Hernandez & O'Connor, 2010). In all cases, health service HR is fundamental a determinant of health service performance (Dubois et al., 2005). Talent in health is driven largely by phenomena ranging from the need for highly skilled health staff to specific workforce 'segment' challenges, such as doctor shortages in some specialities, to a specific event (pandemic) or change (technology) (Turner, 2018). Therefore, the role of TM is to align with comprehensive organisational strategic systems and to be fully integrated with them to achieve organisational objectives.

This research has made an additional contribution to the existing knowledge in the TM field. It has highlighted and contributed to the gap of empirical enquiry into the effects of TM developments in the Saudi public healthcare sector. Given the acute lack of empirical

TM research in the context of ME countries in general and in Saudi Arabia in particular, this research initiative is one of the very few efforts directed at exploring and understanding management and employees' perspectives of TM developments and providing an insight into the regional and local strategic enabling factors in identification, development, deployment, retention and engagement of talent in order to achieve individual and organisational performance in the Saudi healthcare sector. The study, therefore, adds to the international HR management theory and literature by exploring TM developments in the Saudi healthcare sector. This study also contributes to the policies and practices of TM. Based on the idea that quality care begins with quality people, there is a need to explore HR policies and decisions that support both immediate organisational goals and the long-term aims of identifying, recruiting, developing, retaining and engaging high performing employees, as health service human resources are key determinants of health service performance. Lastly, it sheds light on the role of TM in scaling up the quality of healthcare delivery.

6.9 Contribution to Policy

The study revealed that exclusive or selective focus has been identified as the priority for talent strategy in the Saudi healthcare sector. In this sense, the TM programme is concerned with exclusively attracting talent in some specialities (doctors, nurses and pharmacists), and promoting their development and retention. The study showed that this has been the most common perspective on TM to date, where the TM programme differentiated between clinical roles and a wide variety of what might be called allied health workers and administrative. Therefore, the TM programme might be a disincentive factor for those employees who were not selected in the TM development programmes.

6.10 Contribution to Practice

Firstly, in regard to the exclusive approach that the TM programme is following in the Saudi MOH, the study has revealed that other professionals that are excluded play a vital role in the final result of the healthcare delivery. For example, the doctor depends on the radiologist's ability to do their job efficiently in many critical conditions. The study also found that the administrative employees were equally excluded from the TM programme. The healthcare sector is comprised of diverse professionals who work together in a way that complements each other to achieve the same organisational objectives. Therefore, it would be essential to expand the managerial perspective of the TM developments and formulate a TM programme that speaks to all the employees, which is an inclusive approach that embraces a greater proportion of the workforce in the Saudi health sector.

Secondly, the study revealed that high potential employees need more enabling factors in order to maximise their abilities and performance, as each health institution level has different enabling factors. These enabling factors are adequate HR and the availability of medical equipment, the lack which might create a gap in high performing employees knowledge and skills. The inability of high-potential employees to practice what they learned through talent development programmes causes internal migration. Therefore, there is a need to ensure that enabling factors are in place in all health institutions to maximise employees performance to be able to achieve organisational objectives.

Thirdly, the study has also shown that the TM programme performs well with managers who have the skills and abilities to lead the change in the organisation and are able to evaluate the situation well and identify talents in their departments and units. Similarly, managers need to be incorporated in the TM programme to consolidate and complement the workforce to comprehensively achieve organisational goals in an integrated manner.

6.11 Limitation of the Research

This study employed a qualitative method approach, which was used to explore TM developments in the Saudi healthcare sector. In this study, a case study method was chosen as a means to answer questions on 'how' and 'what' in its quest to explore TM developments. The data were collected with semi-structured interviews to gain in-depth information to gain more understanding of the conceptualisation and practices of talent management as well as the enabling factors that influenced the organisation to undertake and commit resources and time to these developments. Therefore, one of the main challenges in this study was the time spent with all participants. A total of 81 participants were interviewed, and the interviews lasted from 90 to 140 minutes. This study also covered three different urban regions and one rural region; therefore, the cost of transportation between regions and the time spent waiting for participants to conduct the in-depth interview led to a high cost for the researcher in terms of delaying many interview appointments and visiting the same interviewee many times to finish all interview questions with them. In this study, the researcher sought to identify and distinguish factors that led to different perspectives amongst participants (senior managers, middle managers and practitioners) within the sample, which made it difficult to deal with three the levels of roles and perspectives. The researcher faced difficulty in conducting interviews with some senior managers; however, there were many senior managers who were cooperative and willing to arrange an appointment to conduct the interview. On the other hand, middle managers and practitioners were in the majority in this research sample due to their large number compared with the senior managers from all four health institutions.

Furthermore, the researcher was aware of the possibility of bias on the part of respondents from a management point of view concerning those who were participants in the decision-making process, as this could have led to these managers attempting to provide a more positive response to strengthen and highlight the positive side of the practices of the TM

that they were implementing rather than presenting the situation as it was. Therefore, this study indirectly involved participants from different professions who were not amongst the category of health professionals (such as administrative staff) who work in the Saudi healthcare sector and were not included in this study. Thus, the researcher interviewed employees who filled various roles and specialities to gain a more in-depth understanding of the nature of the TM programme in the Saudi healthcare sector from different perspectives.

6.12 Further Research Direction

This thesis contributes to the theoretical framework by explaining the effect of TM developments in the healthcare sector in Saudi Arabia by integrating two theories: HC theory and expectancy theory. The findings of this study have also added to the knowledge of extant literature in the field of TM as there is a distinct scarcity of research on TM developments in the Saudi healthcare sector. However, there are some areas in which future research could be useful to enrich studies related to TM in Saudi Arabia, which this study has not addressed. In terms of suggested research in the future, the following areas would be highly relevant.

Firstly, future research can explore the conceptualising and operationalising of TM programmes in other public service sectors (Ministry of Education, Ministry of Finance and Ministry of Economy and Planning etc.). It would be valuable to examine whether the other governmental sectors suffer from the problem of lack of managers abilities and awareness in implementing the TM practices properly and in line with the goals and strategies to achieve the Vision 2030 goals of each governmental sector. This study, therefore, represents an encouragement for more studies to explore how we can improve decision-makers and managers abilities in the public sector in general and in the Saudi healthcare sector specifically, because of the critical roles that they hold in implementing

TM practices in the Saudi healthcare sector. Furthermore, it is important for future studies to focus on the factors that might improve talent retention and engagement in the Saudi healthcare sector and managers and leaders roles in this area.

Secondly, future research can explore TM developments in the private healthcare sector in Saudi Arabia. It might be useful to explore whether the private healthcare sector in Saudi Arabia has included and implemented some of the TM approaches. In addition, it would be important to examine whether the private sector is using inclusive or exclusive TM approaches. As this study explored the governmental sector, a comparative study between the private and governmental sectors will enrich the field of TM studies in the Saudi healthcare sector.

Thirdly, this study explored the TM programme in three different regions and one rural area. Therefore, it will be helpful to explore different regions, as Saudi Arabia is a large country and each region has a unique culture and population structure. Therefore, exploring more regions will enrich the literature on TM in the Saudi governmental healthcare sector.

Finally, the study concludes that the answer to the research question of what the effect of TM developments in the Saudi healthcare sector is has been adequately covered to a certain extent. Nevertheless, due to various limitations in the methodology adopted for this study, the research serves as a solid foundation for more future research on TM developments in other regions that were not covered in this study.

6.13 Concluding Remarks

This doctoral thesis aims to bridge a literature gap that exists in the area of empirical TM research and to explore the effects of TM developments in the Saudi public healthcare sector. It has contributed to the knowledge and understanding of the following areas: operationalisation and implementation of TM practices and management and employees '

perspectives of TM developments; moreover, it and has provided an insight into the regional and local strategic factors that enable the identification, development, deployment, retention and engagement of talent in order to achieve individual and organisational performance in the Saudi healthcare sector. Lastly, it sheds light on the role of TM in scaling up the quality of healthcare delivery. This thesis attempts to fill this gap by focusing on the Saudi healthcare sector. The review of TM literature in general and in the perspective of ME countries in particular suggests that only a handful of empirical studies on TM are available to provide researchers with an understanding of TM developments in the healthcare sector. The literature review also revealed that there are no studies exploring TM developments in the Saudi healthcare sector. The thesis adopted a case study with a qualitative methodology. The findings of this research contribute to extending the existing knowledge available in this domain. However, the current research is considered a stepping stone in the journey to bridge the wide research gap in this subject area, and considerable amounts of further research will be needed to fill this gap completely.

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Appendix A-1

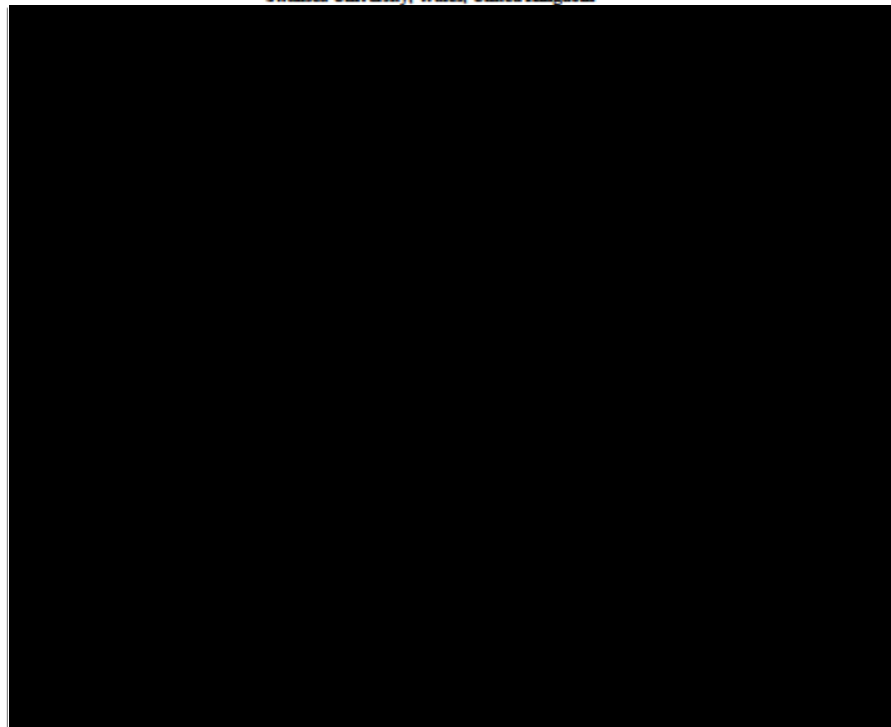
To Explore the Effect of Talent Management Developments in
Saudi Healthcare Sector

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To Explore the Effect of Talent Management Developments in Saudi Healthcare Sector

Wejdan A. L. Dayel, Yaw A. Debrah, John Mulyata
Swansea University, Wales, United Kingdom



Keywords: public hospitals, talent management, healthcare sector, Saudi Arabia

Introduction

Talent management (TM) has been increasingly recognized as a critical success factor for organizations.

Wejdan A. L. Dayel, Ph.D. student, School of Management, Swansea University, Wales, United Kingdom.

Yaw A. Debrah, professor, School of Management, Swansea University, Wales, United Kingdom.

John Mulyata, Dr., lecturer, School of Management, Swansea University, Wales, United Kingdom.

Correspondence concerning this article should be addressed to Wejdan A. L. Dayel, School Of Management, Swansea University, Bay Campus, Fabian Way, Swansea, SA1 8EN, Wales, United Kingdom.

Appendix A-2

Best papere award presented at the 4st International Conference
on Oraganisation and Management (ICOM), Abu Dhabi, UAE.



Appendix A-3

Interview Questionnaire



INTERVIEW SCHEDULE

Swansea University
School of Management,
Bay Campus, Fabian Way
Swansea
SA1 8EN
Wales, UK.

www.swansea.ac.uk

Dear Sir / Madam,

RE: Request to conduct interview with you.

I am currently a PhD student at Swansea University in Wales, UK. I am conducting a study on talent management in the public healthcare sector in Saudi Arabia. I write to request your participation in this interview.

The main purpose of my research work is to explore impact of Talent Management initiatives in the public healthcare sector, and the enabling factors in stimulating and deterring the process of talent identification, recruitment, engagement and development in the public healthcare sector in Saudi Arabia. The study principally focuses on gaining insight into some of the factors that influence the decision by the Saudi government through the Ministry of Health to invest in talent management initiatives in the healthcare sector in Saudi Arabia. I am conducting interviews with key stakeholders as part of the data/evidence gathering process. I would be most grateful if you could please participate in this study by granting me an interview.

This interview is expected to last approximately an hour and is voluntary. Any information provided will be treated as being **strictly confidential**; all the data will be coded to make certain that no unauthorised persons can identify or interpret your responses. In addition, the results will be reported in a collective manner to circumvent any possibility of any data being identified or any articulate pattern of information provided by staff of your hospital. In line with academic research, all responses will be anonymised and the findings used for only the purpose of this thesis.

A summary of the report's findings will be made available. If you would like to access a copy of the summary report, kindly write down your contact details at the end of the interview.

Your participation will be greatly appreciated. Should there be any further questions about this interview, kindly contact Wejdan Al Dayel on

Email: [REDACTED] & Mobile: [REDACTED]

Main Supervisor: Prof. Yaw, A. Debrah (Professor of Human Resource Management and International Business Management). **Second Supervisor:** Dr. John Mulyata (Lecturer in operations and strategy).

Yours sincerely,

Wejdan Al Dayel

Senior managers:

General information on the informant:

1. Name of informant (optional):
2. Position or title in the institution:
3. Any other relevant information about the informant (eg. Experience):
4. Gender:

1. To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?

Section A: Meaning of Talent:

1. How would you define Talent?
2. How would you define talent management?
3. Is the definition of Talent understood in the same way across all the employees in the institution?

4. Is there a talent management department in the hospital, if the answer is yes, when it was established?
5. What is the role of talent management department in the development of human capital?

Section B: Talent recruitment:

1. How is the recruitment of Talented employees done?
2. Do you have a talent pool, if yes, how do you sustain or manage the talent pool?
3. In your opinion what is the role of the talent pool?
4. How is the decision to recruit talented employee organised?
5. What triggers the recruitment of talented employees?
6. Is talent recruited internally or externally?

Section C: Talent identification:

1. In your opinion what do you understand by the term talent identification?
2. How is the identification of talent conducted?
3. Who is involve in talent identification?
4. Do you have a criteria for talent selection, if yes, please explain further?
5. In your opinion what changes would you recommend to the talent identification process?

Section D: Talent retention:

1. What do you understand by talent retention?
2. Do you have talent retention policy in place? If yes please explain further?

3. Is talent retention policy effective? If yes or no please explain further?
4. What are some of the practices that are used in talent retention?
5. From your experience can you tell me please what are some of the challenges faced by your organisation in implementing a talent retention program?

Section E: Talent engagement:

1. What do you understand by the term talent engagement?
2. Is talent engagement practiced in your organisation?
3. If yes or no please explain more?

2. To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?

Talent development:

1. What do you understand by the term talent development?
2. Who is involved in the decisions making process of developing talent in your organisation?
3. What are the desired objectives of talent development?
4. What are some of the challenges that you face as organisation in talent development?
5. Do employees who have undergone talent development program able to meet the current challenges of the healthcare sector? Could you kindly tell me from your experience to what extent is talent development important?
6. How are the talented employees that have undergone talent development program deployed?

7. How effective are talented employees who have undergone talent development program on healthcare delivery?

3. To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?

Middle managers:

General information on the informant:

1. Name of informant (optional)
2. Position or title in the institution:
3. Any other relevant information about the informant (eg. Experience):
4. Gender:

1. To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?

Section A: Meaning of Talent:

1. How would you define Talent?
2. How would you define talent management?
3. Is the definition of Talent understood in the same way across all the employees in the institution?
4. Is there a talent management department in the hospital, if the answer is yes, when it was established?

5. What is the role of talent management department in the development of human capital?

Section B: Talent recruitment:

1. How is the recruitment of Talented employees done?
2. Do you have a talent pool, if yes, how do you sustain or manage the talent pool?
3. In your opinion what is the role of the talent pool?
4. How is the decision to recruit talented employee organised?
5. What triggers the recruitment of talented employees?
6. Is talent recruited internally or externally?

Section C: Talent identification:

1. In your opinion what do you understand by the term talent identification?
2. How is the identification of talent conducted?
3. Who is involve in talent identification?
4. Do you have a criteria for talent selection, if yes, please explain further?
5. In your opinion what changes would you recommend to the talent identification process?

Section D: Talent retention:

1. What do you understand by talent retention?
2. Do you have talent retention policy in place? If yes please explain further?
3. Is talent retention policy effective? If yes or no please explain further?
4. What are some of the practices that are used in talent retention?

5. From your experience can you tell me please what are some of the challenges faced by your organisation in implementing a talent retention program?

Section E: Talent engagement:

1. What do you understand by the term talent engagement?
2. Is talent engagement practiced in your organisation?
3. If yes or no please explain more?

2. To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?

Talent development:

1. What do you understand by the term talent development?
2. Who is involved in the decisions making process of developing talent in your organisation?
3. What are the desired objectives of talent development?
4. What are some of the challenges that you face as organisation in talent development?
5. Do employees who have undergone talent development program able to meet the current challenges of the healthcare sector? Could you kindly tell me from your experience to what extent is talent development important?
6. How are the talented employees that have undergone talent development program deployed?
7. How effective are talented employees who have undergone talent development program on healthcare delivery?

3. To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?

Practitioners:

General information on the informant:

1. Name of informant (optional)
2. Position or title in the institution:
3. Any other relevant information about the informant (eg. Experience):
4. Gender:

1. To what extent does the recruitment, selection and retention process affect TM in the state healthcare sector in Saudi Arabia?

Section A: Meaning of Talent:

1. How would you define Talent?
2. How would you define talent management?
3. Is the definition of Talent understood in the same way across all the employees in the institution?
4. Is there a talent management department in the hospital, if the answer is yes, when it was established?
5. What is the role of talent management department in the development of human capital?

Section B: Talent recruitment:

1. How were you recruited?
2. What type of recruitment criteria is used by organisation?
3. What changes would you recommend to the recruitment procedure?

Section C: Talent identification:

1. In your opinion what do you understand by the term talent identification?
2. How were you identified as a talented employee?
3. Who is involve in talent identification?
4. In your opinion what changes would you recommend to the talent identification process?

Section D: Talent retention:

1. What do you understand by talent retention?
2. Do you have talent retention policy in place? If yes please explain further?
3. Is talent retention policy effective? If yes or no please explain further?
4. What are some of the practices used in talent retention?
5. From your experience what are some of the challenges faced by your organisation in implementing a talent retention program?

Section E: Talent engagement:

1. What do you understand by the term talent engagement?
2. Are you engaged in the delivery of the healthcare delivery?
3. If yes or no please explain further?

2. To what extent is the training and development of talented employees conducted in the state healthcare sector in Saudi Arabia?

Talent development:

1. What do you understand by the term talent development?
2. Who is involved in talent development?
3. What are the desired objectives of talent development?
4. Is there a relationship between talent development and employee expectations? If yes or no please explain further?
5. From your experience as non-talent employee, what does it mean to you by not being in the talent competence development program?
6. Did your manager discuss with you the reasons behind not being selected you to be in the talent development program?

3. To what extent does TM contribute to the quality of healthcare delivery in Saudi Arabia?

Appendix A-4

Interview Confirmation Sheet

INTERVIEW CONFIRMATION SHEET

Talent management in the healthcare sector: The Case of Saudi Arabia

Wejdan AL Dayel

Date: / /20

	Please initial/ sign
Confirm I understand the content of the interview	
Understand that my data will be treated anonymously and that no-one beyond the researcher will know of my involvement with the study	
Understand I can withdraw from the interview process at any time should I so wish	
Understand how the information I provide to the researcher will be treated after the interview and that all data will be destroyed at the end of this study.	

This section is to be retained by the interviewee.

Talent management in the healthcare sector: The Case of Saudi Arabia

Wejdan AL Dayel

Date: / /20

CODE:	Please initial/sign
Confirm I understand the content of the interview	
Understand that my data will be treated anonymously and that no-one beyond the researcher will know of my involvement with the study	
Understand I can withdraw from the interview process at any time should I so wish	
Understand how the information I provide to the researcher will be treated after the interview and that all data will be destroyed at the end of this study.	

This section is to be retained by the researcher.

Appendix A-5

Interview Protocol: Wejdan Al Dayel

Interview Protocol: Wejdan Al Dayel

Introduction (5 minutes)

Thank you for agreeing to meet with me. I'm Wejdan Al Dayel from Swansea University in the UK. I am interviewing the employee in the Saudi public hospitals (doctors, nurses and managers both senior and middle managers) to explore talent management in the healthcare sector in Saudi Arabia, specifically 3rd, 2nd and 1st level hospitals in Saudi Arabia. Particularly look at employees perspectives of Talent Management program practices to determine its effect on organisational performance. The study is being undertaken as part of my doctoral studies.

I will treat your answers as confidential and I will not include your name or any other information that could identify you in any reports I write. I will destroy the notes and audiotapes after we complete our study and publish the results.

Do you have any questions about the study? Could you please sign my form to state you understand what I have just explained to you?

Signature

INTERVIEW - SEE Interview Questions on separate document (by staff type)

Ending (5 Minutes)

Those were all of the questions that I wanted to ask you. Do you have any questions for me please?

Thank you very much for your time today. If I need to, may I contact you again please?

Wejdan Al Dayel

Appendix A-6

Swansea University Ethical approval

SCHOOL OF MANAGEMENT, SWANSEA UNIVERSITY

LIGHT-TOUCH ETHICAL REVIEW FORM

To be completed for all research involving human subjects OR datasets of any kind OR the environment

Name of PI or PGR Student	Wejdan AL Dayel
Staff Number or Student ID	██████
Supervisors*	First supervisor: Prof. Yaw, A. Debrah Second supervisor: Dr. John Malyata
Date Submitted	20-9-2017
Title of Project	To explore the Effect of Talent Management Developments in the Saudi Healthcare Sector
Name of Funder / Sponsor*	SELF FUND
Finance Code / Reference*	
Duration of Project	Three years

* Complete if appropriate

Risk evaluation: Does the proposed research involve any of the following?

✓ Tick those boxes for which the answer is YES

X Cross those boxes for which the answer is NO



- X Will the research harm or pose any risk to the environment? (e.g. research in environmentally sensitive areas (e.g. SSSIs); permission needed to access field sites; transport of samples between countries (e.g. soil); sampling of rare or hazardous material (e.g. invasive species) that could deplete or endanger)
- X Will the study involve recruitment of patients or staff through the NHS or the use of NHS data or premises and/or equipment? If this is the case, the project **must** be reviewed by the NHS
- X Does the study involve participants aged 16 or over who are unable to give informed consent? (e.g. people with learning disabilities: see Mental Capacity Act 2005. All research that falls under the auspices of the Act **must** be reviewed by the NHS)
- X Does the research involve other vulnerable groups: children, those with cognitive impairment or in unequal relationships? (e.g. your students). This **may** require NHS review, and will typically require the researcher to get **Disclosure & Barring Service (DBS) clearance** (formerly CRB checks)
- X Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited? (e.g. students at school, members of self-help group or residents of nursing home?)
- X Will it be necessary for participants to take part in the study without their knowledge and consent at the time? (e.g. covert observation of people or use of social media content)
- X Will the research involve any form of deception? (e.g. misinformation or partial information about the purpose or nature of the research)

- X Will the study discuss sensitive topics or require the collection of sensitive information? (e.g. terrorism and extremism; sexual activity, drug use or criminal activity; collection of security sensitive documents or information)
- X Are drugs, placebos or other substances (e.g. foods or vitamins) to be administered to study participants, or will the study involve invasive, intrusive or potentially harmful procedures of any kind? (If any substance is to be administered, this **may** fall under the auspices of the Medicines for Human Use (Clinical Trials) Regulations 2004, and require review by the NHS)
- X Will tissue samples (including blood) be obtained from participants? (This would fall under the terms of the Human Tissue Act 2004. All research that falls under the auspices of the Act **must** be reviewed by the NHS)
- X Is pain or more than mild discomfort likely to result from the study?
- X Could the study induce psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life?
- X Will the study involve prolonged or repetitive testing?
- X Will the research involve administrative or secure data that requires permission from the appropriate authorities before use?
- X Is there a possibility that the safety of the researcher may be in question? (e.g. in international research: locally employed researchers)
- X Could the research impact negatively upon the reputation of the University, researcher(s), research participants, other stakeholders or any other party?
- X Does the research involve members of the public in a research capacity? (e.g. participant research; participants as co-producers or data collectors)
- X Will the research take place outside the UK where there may be issues of local practice and political or other sensitivities?
- X Will the research involve respondents to the Internet or other visual/vocal methods where respondents may be identified?
- X Will the research involve the sharing of data or confidential information beyond the initial consent given?
- X Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?
- X Do any of the research team have an actual or potential conflict of interest?
- X Are you aware of any other significant ethical risks or concerns associated with the research proposal? (If yes, please outline them in the space below)

<p><i>Other significant ethical issues or concerns: (if None, then please state 'None')</i></p> <p>None</p>

If any answer to the questions above is **YES**, then a **Full Ethical Review** may be required.

*If the project involves none of the above, complete the Declaration, send this form and a copy of the proposal to the **School of Management Research Support Officer**. Research may only commence once approval has been given.*

<i>Declaration: The project will be conducted in compliance with the University's Research Integrity Framework (P1415-956). This includes securing appropriate consent from participants, minimizing the potential for harm, and compliance with data-protection, safety & other legal obligations. Any significant change in the purpose, design or conduct of the research will be reported to the SOM-REC Chair, and, if appropriate, a new request for ethical approval will be made to the SOM-REC.</i>	
Signature of PI or PGR Student	
Signature of first supervisor (if appropriate)	
Decision of SOM-REC	
Signature of SOM-REC Chair or SOM-REC deputy Chair	
Date	
SOM-REC Reference number (office use only)	

SCHOOL OF MANAGEMENT, SWANSEA UNIVERSITY

LIGHT TOUCH PROPOSAL FORM

TO BE SUBMITTED ALONGSIDE THE LIGHT TOUCH ETHICAL REVIEW
FORM

To be submitted for all research including human subjects, datasets of any kind, or the environment. Applicants should also submit any questionnaires or surveys they intend to use during the research process.

Name of PI or PGR student	Wejdan AL Dayel
Student number	[REDACTED]
Title of project	To explore the Effect of Talent Management Developments in the Saudi Healthcare Sector

Aim of research project (250 words):

This research aim to achieve the following objectives:

1. To identify the methods Saudi health sector management employ in implementing talent management practices in the public health sector.
2. To determine to what extent does management in the state healthcare sector in Saudi Arabia attempts to train and develop talented individuals who demonstrate potential skills and abilities in attempt to increase capacity and maximise their contribution to organisational performance.
3. To be able to explore management and employees perspectives on the extent to which talent management practices contribute quality of the public healthcare delivery in Saudi Arabia.

Research questions:

The study attempt to explore the questions below:

1. To examine to what extent is the effect of recruitment, selection, and retention process on talent management?
2. To examine to what extent is the training and development of talented employee conducted in the healthcare sector in Saudi Arabia?
3. To what extent does talent management contribute to the quality of healthcare delivery in Saudi Arabia?

Ethical considerations (250 words) please note N/A is NOT acceptable:

This research deals with the category of managers in government hospitals and the Ministry of Health in Saudi Arabia and with the operators as well. In addition, the age of the respondents to be interviewed over 25 years.

The main purpose of interviewing employees is to understand in-depth the most prominent practices for the management of talented people and not to address any sensitive subjects. therefore this research do not involve sensitive topics – e.g. terrorism and extremism; research involving security sensitive material; participants' sexual behavior, their illegal or political behavior, the experience of violence, abuse or exploitation, mental health, or gender or ethnic status. This research aims mainly to adopt the principle of transparency with respondents and accordingly with full and informed consent from the participant, therefore, this research does not involve justified deception or which is conducted without participants' full and informed consent. This research does not involve access to records of personal or sensitive confidential information, including genetic or other biological information, concerning identifiable individuals. This research will not induce psychological stress, anxiety or humiliation, or cause more than minimal pain for participants.


Methodology (to include details of subjects and participants) (250 words):

This study will adopt a qualitative approach, using a case study. The data will be collected using semi-structured interviews. The expected sample size is 80 respondents in Saudi public hospitals to gain an in-depth understanding. The data collected will be analyzed using thematic analysis.

<p><i>Declaration: The project will be conducted in compliance with the University's Research Integrity Framework (P1415-956). This includes securing appropriate consent from participants, minimizing the potential for harm, and compliance with data-protection, safety & other legal obligations. Any significant change in the purpose, design or conduct of the research will be reported to the SOM-REC Chair, and, if appropriate, a new request for ethical approval will be made to the SOM-REC.</i></p>	
Signature of PI or PGR Student	[Redacted]
Signature of first supervisor (if appropriate)	[Redacted]
Decision of SOM-REC	[Redacted]
Signature of SOM-REC Chair or SOM-REC deputy Chair	[Redacted]
Date	31/05/2019
SOM-REC Reference number (office use only)	SOM-REC PGR 011

Appendix A-7

MOH Ethical approval

Kingdom of Saudi Arabia Ministry of Health Central IRB GDRS		المملكة العربية السعودية وزارة الصحة اللجنة المركزية لأخلاقيات البحوث الإدارة العامة للبحوث والدراسات
اللجنة المركزية لأخلاقيات البحوث بوزارة الصحة Central Institutional Review Board		
National Registration Number with NCBE-KACST, KSA: [H-01-R-009]		
<u>Approval Letter</u>		
Date: 09/07/2019 Central IRB log No: 2019-0092E Category of Approval: Exempt Affiliation: -----		
Dear Wejdan Aldayel The Central IRB-MoH pleased to inform you that submission dated 17/06/2019 for the study mentioned below was reviewed and approved.		
Protocol Title	To explore the effect of talent management developments in Saudi healthcare sector	
Principal Investigator	<i>Wejdan Aldayel</i>	
Affiliation	Private	
Documents Reviewed	Study proposal, CV, Request for exempt status, PI statement, signed consent form, MOH data base information, signed Data Share Agreement, Questionnaire E, supervisor statement.	
Decision: The Central IRB was approved the protocol according to ICH-GCP. Approval is given for one year from the date of this letter.		
Approval Conditions: <ul style="list-style-type: none"> • Abide by the rules and regulations of the Government of Saudi Arabia, NCBE, Central IRB and the IHC-GCP guidelines. • To conduct research as per the approved documents. • Research participant confidentiality should be protected at all times. • All researchers are required to have current and valid certificate on Protecting Human Research Participants (NIH or NCBE certificate). • Amendment to the approved documents, the Principal Investigator is required to advise the Central IRB for its approval before implementation. • You are required to submit a Progress Report every 6 month. • If PI is unable to complete your research within the validation period, he will be required an extension letter from the Central IRB one month before the expiry of the approval. 		
<hr/> e-mail: GDRS-IRB@moh.gov.sa		

Kingdom of Saudi Arabia
Ministry of Health
Central IRB
GDRS



المملكة العربية السعودية
وزارة الصحة
اللجنة المركزية لأخلاقيات البحوث
الإدارة العامة للبحوث والدراسات

- Document Retention: all study documents should be kept by the Principal Investigator for a period of **5 years** from study completion.
- This letter gives you an ethical clearance to implement your study according to the approved documents and you still need to obtain administrative approval from the site/s where the study will be conducted.
- **At the end of the study**, please submit Final Report including the results or copy of the manuscript intended for publication to MOH data base: www.marifah.gov.sa

We thank you for submitting your study for review by the Central IRB-MoH and wish you all the best with this study.

If you have any further questions, feel free to contact me.

Sincerely Yours,



*Dr. Hisham M. Aziz - M.D
Consultant
Central IRB-MOH Chairman-KSA
Phone: + 966 11 2125555 Ext. 4337
e-Mail: haziz@moh.gov.sa*



e-mail: GDRS-IRB@moh.gov.sa